

Name  
in  
Full

Archie Roosevelt Ashbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oak Hill</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>2</u>	Age <u>1</u>	Years <u>1</u>	Months <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Oak Hill</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of wife or Husband					
Father's Name <u>Charles Ashbaugh</u>			Father's Birthplace <u>Oak Hill</u>		
Mother's Maiden Name <u>Elsie Ashbaugh</u>			Mother's Birthplace <u>Wren Hills</u>		
Name of person giving information <u>Parents</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>1 day</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. D.</u>
	Address <u>Adams &amp; Powell</u>
	<u>Shodboro Md</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Duplicate

Lulu Elmira Bailey

Town

County

near Woodabaro

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug. 1 -

Age

10-18

D. Cal

✓

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

✓

Husband

of

Wife

Father's

Name

Calvin Bailey

Mother's

Maiden Name

Minnie Fox

Cause of

Primery

Cholera Infantum

How long sick

1 WEEK

Death

Immediate

General Exhaustion

Accident, Suicide, Homicide

Reported by

C. A. Stutz M.D.

Address

Woodabaro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

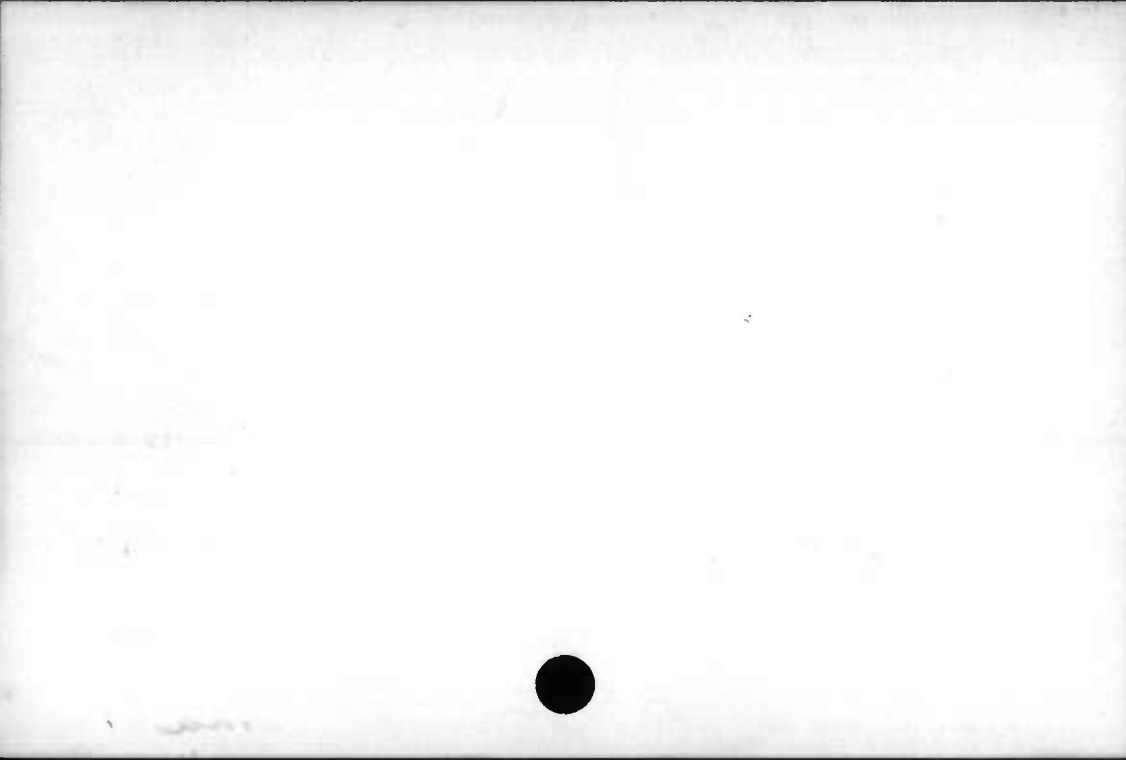
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jane Rebecca Barnes</i>		Town <i>Fredenest</i>		County <i>Fredenest</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Aug.</i>		Day <i>12</i>	
Age <i>65</i>		Years <i>65</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>cook</i>					
Name of Wife or Husband <i>Chatman Barnes - deceased</i>							
Father's Name <i>George Lane</i>		Father's Birthplace					
Mother's Maiden Name <i>Grace Lane</i>		Mother's Birthplace					
Name of person giving information <i>Grace Lane</i>		How related to deceased <i>Grand Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Indigestion</i>	How long <i>several years</i>
Immediate <i>Gastric Ulcer - exhaustion</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. U. G. Brown</i>
	Address <i>130 South St - Fredenest, Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Jonathan Biss.

Town

County

Died at

Froneta

Dorset

MARYLAND

Date 1963

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 30

Age

76

Md

Boat Dealer.

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

45

Cause of

Primary

Cancer of Bladder.

How long sick

2 yrs

Death

Immediate

Exhaustion from Hemorrhage & ~~other~~~~Accident, Suicide, Homicide~~

Reported by

S. S. Maynard, M.D.,

Address

17 Second St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John E. Boteler*

Died at *New Market* <sup>Town</sup> *Fredenck* <sup>County</sup> **MARYLAND**

Date of death 190 *3* <sup>Month</sup> *Aug* <sup>Day</sup> *10* <sup>Age</sup> *71* <sup>Years</sup> *7* <sup>Months</sup> *17* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *New Market Md*

~~Married, Single or Widowed~~ *Widowed* Occupation *Retired Farmer*

Name of Wife or Husband

Father's Name *Elias Boteler* Father's Birthplace *West Co*

Mother's Maiden Name *Minerva M. Cann* Mother's Birthplace *West Co*

Name of person giving information *Dr J. McDowney* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Scrub* *2* How long *10 month*

Immediate *Exhaustion* *11/2* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Downey & Hopkin*

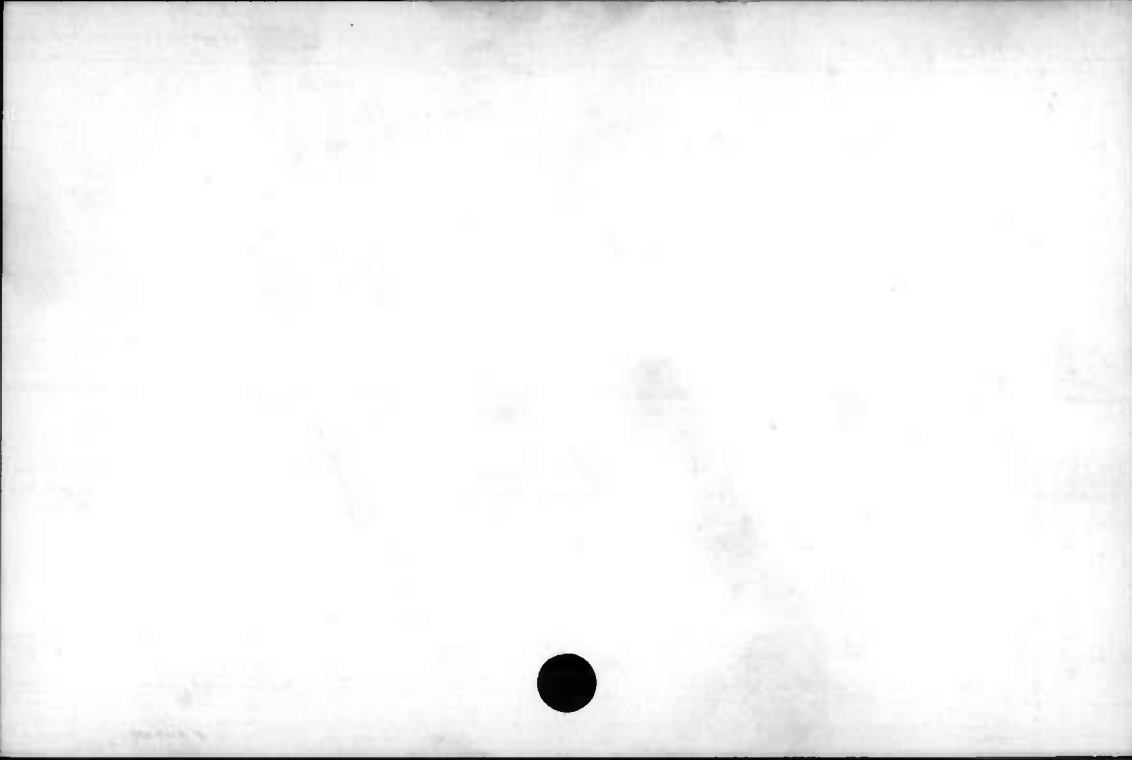
Address *New Market*

~~Accident or Suicide?~~

2



Name in Full <b>Mabel Brown</b>		Town <b>Frederick</b>		County <b>Frederick</b>		CERTIFICATE OF DEATH	
Died at		Date of death 1903		Month <b>August</b>		Day <b>18th</b>	
Age		Years		Months <b>6</b>		Days <b>9</b>	
Sex		Color or Race <b>Colored</b>		Birth-place <b>Frederick</b>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband		Father's Name <b>Isaac Brown</b>		Father's Birthplace <b>Frederick</b>			
Mother's Maiden Name <b>Lizzie Brown</b>		Mother's Birthplace <b>Frederick</b>		How related to deceased <b>mother</b>			
Name of person giving information <b>Lizzie Brown</b>							
		CAUSES OF DEATH					
Primary <b>Cholera Infantum</b>		How long <b>2 weeks</b>					
Immediate <b>Exhaustion</b>		How long <b>10 days</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. W. B. Brown</b>		Address <b>Frederick, Md.</b>			
Accident or Suicide?							



Name  
in  
Full

Mida May Carry

## CERTIFICATE OF DEATH

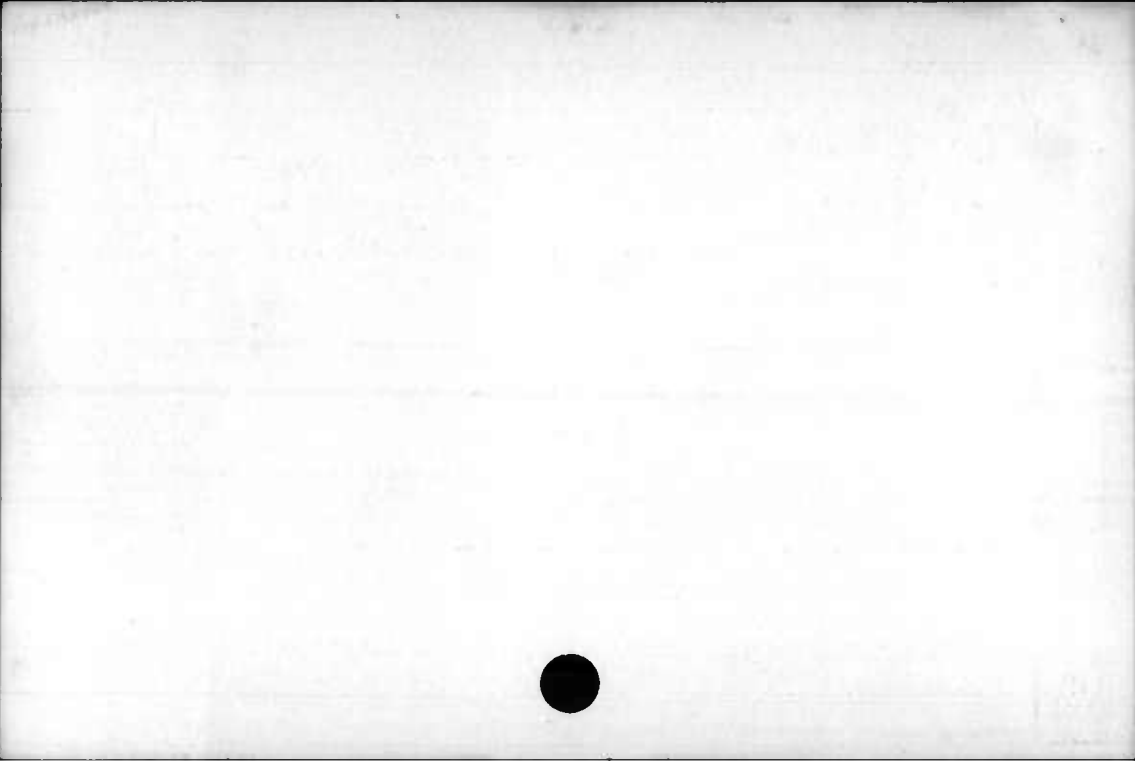
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>23</i>	Age Years <i>7</i>	Months <i>10</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name <i>James Henry Carry</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ella Holmes</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Sarah E. Latimer</i>			How related to deceased <i>aunt</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Purpura Hemorrhagica</i>	How long	<i>6 days</i>
Immediate	<i>Hæmatemesis</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. J. Horine</i>	
<i>J. R.</i>		Address <i>Brunswick md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Ann Coates  
Emmitsburg

County

Frederick

MARYLAND

Date

of death 190

3

Month

Aug.

Day

25

Age

Years

89

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Taneytown Md.

Married, Single  
or Widowed

Widow

Occupation

Housekeeper

Name of Wife or  
Husband

Kelly Coates

Father's  
Name

Butler

Father's  
BirthplaceMother's  
Maiden Name

Ann Butler

Mother's  
BirthplaceName of person giving  
information

Julia Coates

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Cancer of Stomach

How long

2 years

Immediate

Inanition

How long

3 months

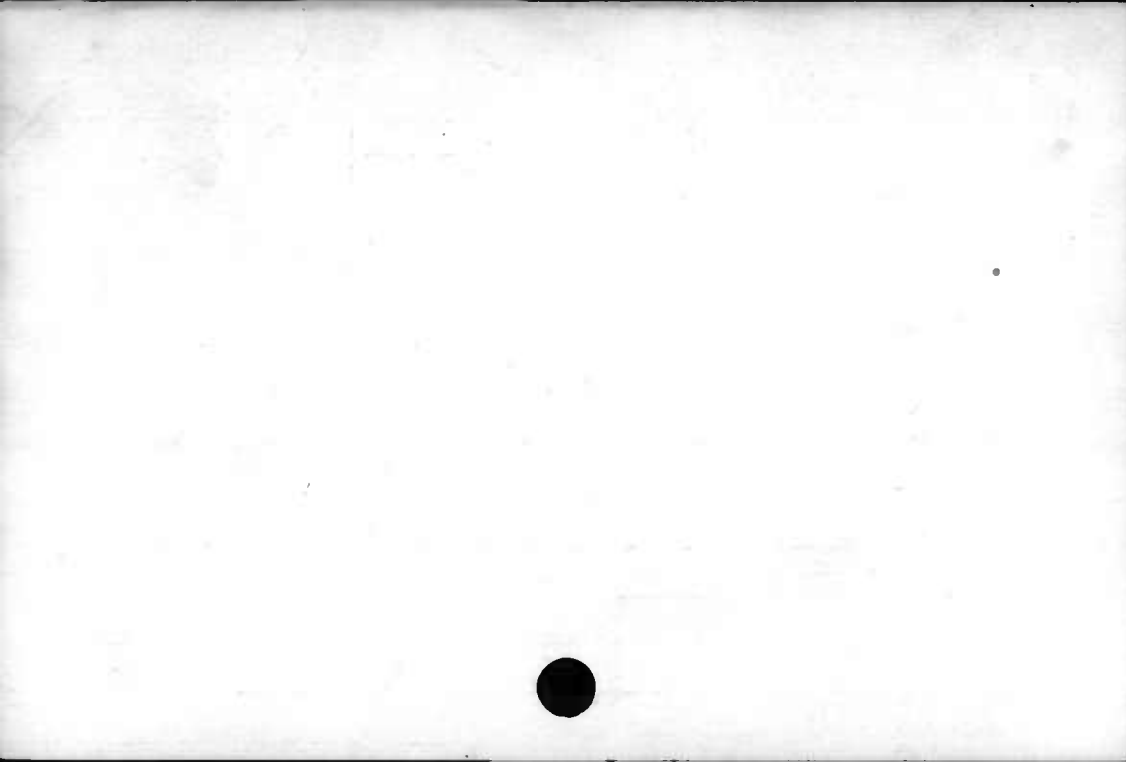
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Robert L. Arnam

Address

Emmitsburg Md

Accident or  
Outside?PHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

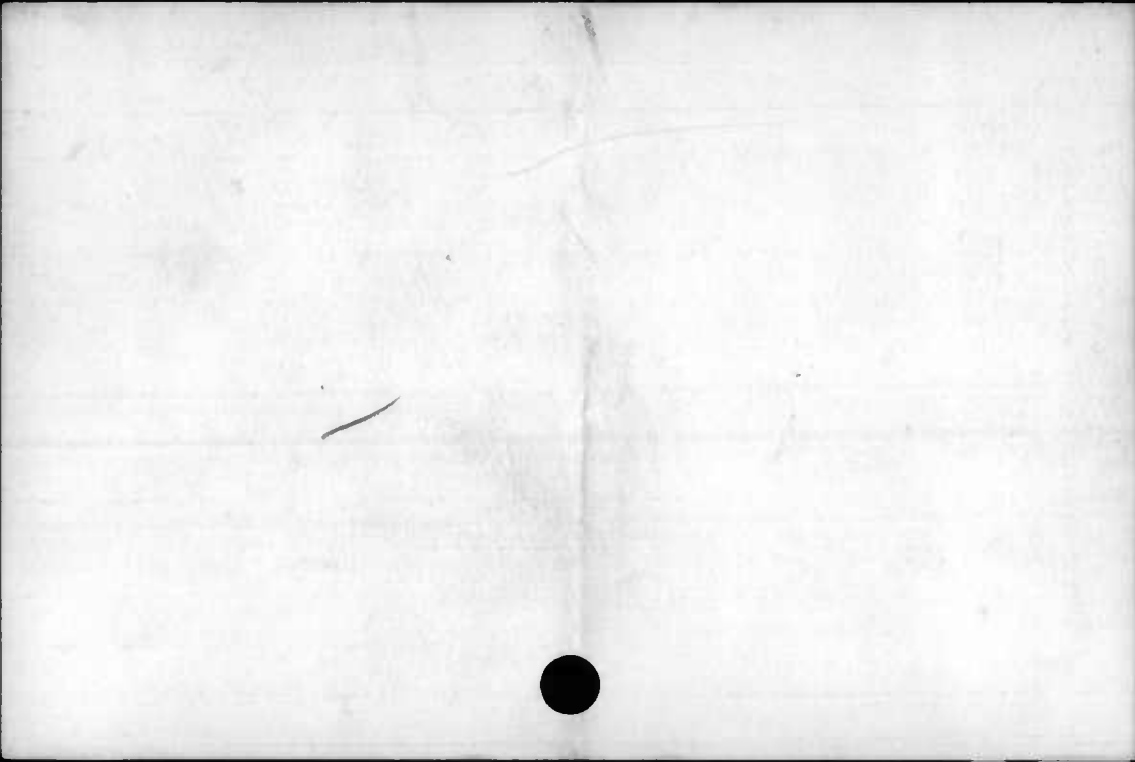
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>17</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John Henry Danner</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Louisa Holmes</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John H. Danner</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congenital Anomaly of Heart</i>	How long	<i>150</i>
Immediate		How long	<i>17 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lynn West</i>	
		Address <i>Brunswick Frederick Co</i>	
Accident or Suicide?			



Name  
in  
Full

*Wilder E. Dixon*

CERTIFICATE OF DEATH

Died *near Porte Mills* <sup>Town</sup> *Frederick* <sup>County</sup>

MARYLAND

Date of death 1903 <sup>Month</sup> *Aug-* <sup>Day</sup> *20* <sup>Age</sup> *26* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *near Porte Mills*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *Arthur Dixon*

Father's Birthplace *W.D.*

Mother's Maiden Name *Ella Proctor*

Mother's Birthplace *W.D.*

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *71*

How long

Immediate *Convulsions*

How long

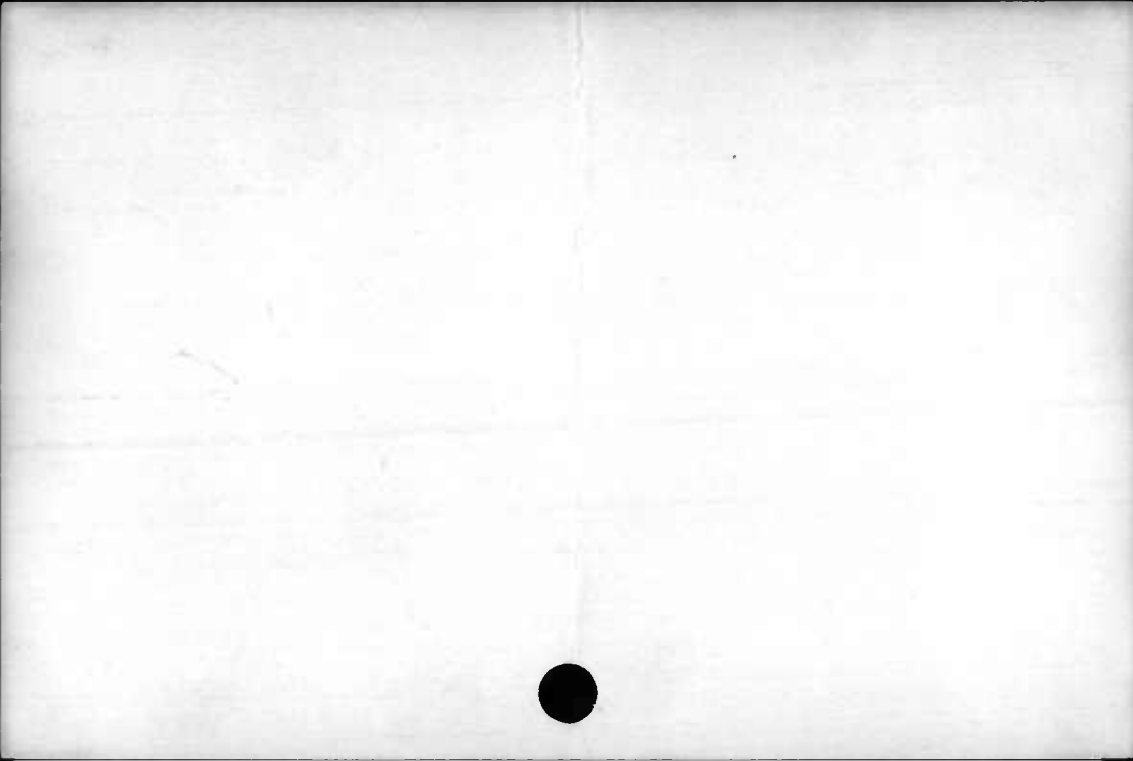
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. E. Mullins*  
Address *Urbana W.D.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Eliza Dorsey

Town

County

Died at

Jamestown

Frederick

MARYLAND

1909, Month 8<sup>th</sup> Day 5<sup>th</sup> Y. 86 M. - D. - Native of U. S. Occupation Servant

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living 4

Husband of William Dorsey  
 Wife  
 Father's Name unknown

Mother's Name unknown

Cause of Death { Primary Carcinoma of Stomach How long sick 16 years -  
 Immediate General wasting of tissue & exhaustion ~~Accident, Suicide, Homicide~~

Reported by George H. Riggs M.D.  
 Address Jamestown Md.

40

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Barbara Ellen Early

Died at <sup>Town</sup> Ellerton<sup>County</sup> Frederick

MARYLAND

Date 1903 <sup>Month</sup> 8 - <sup>Day</sup> 20 <sup>Age</sup> 45 - <sup>Y.</sup> 3 - <sup>M.</sup> 11 <sup>D.</sup> <sup>Native of</sup> Md. <sup>Occupation</sup> Housewife

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~ <sup>Widower</sup> <sup>Number of children living</sup> —

~~Female~~ <sup>Colored</sup> ~~Single~~

~~Husband~~ of Joe Henry Early

Wife

Father's Name Samuel E. Shaw

Mother's Name Mary M. Maersinger

Maiden Name

Cause of Death { Primary Immediate } <sup>79</sup> Valvular Disease Heart

How long sick 1 year

~~Accident, Suicide, Homicide~~

Reported by Ralph Browning

Address Myerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Andrew C. Eldridge,

Town

County

Died at

Myersville

Frederick

MARYLAND

Date 1903

Month

Day

August, 26

Age

81

Y.

M.

D.

Native of

Vermont

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Framin

Eldridge

~~Wife~~

Father's

Mother's

Name

Nathan Eldridge

Maiden Name

Mentha Cole

Cause of

Primary

Bright's Disease

How long sick

3 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. W. Gendanner M.D.

Address

Myersville

Frank Co Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harry E. Eyler  
Town of \_\_\_\_\_ County \_\_\_\_\_

Died at *Friedrich* *Friedrich*

Date	Month	Day	Y.	M.	D.	Native of	Occupation		
1903	Aug	8	15	Age	-	-	29	Indus	-
Male	White	Married	Widow	Divorced					
Female	Colored	Single	Widower	Number of children living					

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

Father's Name	Ephraim Eyer	Mother's Name	Matthi Wille
			How long sick

Cause of	Primary	
Death	Immediate	Internal Spasms 71
		Accident, Suicide, Homicide

Reported by G. G. Gault

Address Frederick M. M. [Redacted]



Name  
in  
Full

Ann Matilda Fogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Libertytown</u> <sup>Town</sup>		<u>Ind. St.</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>8</u> <sup>Month</sup>	<u>29</u> <sup>Day</sup>	<u>75</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u>19</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Near Libertytown</u>		
Married, Single or Widowed <u>widow</u>	Occupation <u>Housekeeper</u>				
Name of wife or Husband <u>John Th. Fogle</u>					
Father's Name <u>John Curtis</u>			Father's Birthplace <u>Baltimore Md.</u>		
Mother's Maiden Name <u>Kitty Harris</u>			Mother's Birthplace <u>Frederick "</u>		
Name of person giving information <u>Kitty Harris</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer of Breast</u> <u>43</u>	How long <u>Two years</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Th. Beall, M.D.</u>
	Address <u>Libertytown, Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Mary E. Fout

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Parab		County Frederick		MARYLAND	
Date of death 1903	Month August	Day 3	Age 86	Years	Months 6	Days 19	
Sex Female	Color of Race White		Birth- place Germany				
Married, Single or Widowed Widow		Occupation Housewife					
Name of Wife or Husband Chas. Fout Deceased							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information Edmond Schneider				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Venile Debility		How long	3 years
Immediate	Exhaustion		How long	15
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address Edmond Schneider	
Accident or Suicide?		Frederick Md	Undertaker	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Urbana</i> <sup>Town</sup> <i>Fredrick</i> <sup>County</sup> <b>MARYLAND</b>	
Date of death <i>30</i> <sup>3</sup> <i>Aug.</i> <sup>Month</sup> <i>13</i> <sup>Day</sup>	Age <i>36</i> <sup>Years</sup> <i>three</i> <sup>Months</sup> <i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>—</i>
Name of Wife or Husband <i>M. E. Fowler</i>	
Father's Name <i>Mr. Murphy</i>	Father's Birthplace <i>MD</i>
Mother's Maiden Name <i>Joseph Howard</i>	Mother's Birthplace <i>MD</i>
Name of person giving information <i>Mrs. Fowler</i>	How related to deceased <i>Husband</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>over a year</i>
Immediate <i>Aspiration &amp; Diarrhea</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Mullins</i>
	Address <i>Urbana MD</i>
Accident or Suicide?	

3



*Martha V. Geisbert*

Town

County

Died at *Frederick Co. Frederick*

MARYLAND

Date *1903* *8* *15* *3* *Frederick* *Child.*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living

Husband  
 of

Wife

Father's Name *Frank Geisbert*

Mother's Name *Edna M. Geisbert*

Cause of { Primary *Cerebral Abscess*

How long sick  
*2 weeks.*

Death { Immediate *Cerebral Paralysis*

Accident, Suicide, Homicide

Reported by *H. F. G. Stendammer*

Address *Frederick Md.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James E. Hagan</i>		Town <i>Park Mills</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Park Mills</i>		Month <i>8</i>		Day <i>17</i>		Years <i>—</i>	
Date of death 190 <i>3</i>		Months <i>4</i>		Days <i>5</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Quins Hills</i>		<i>Ft. Co. Md</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Elmer Hagan</i>				Father's Birthplace <i>Ft. Co Md</i>			
Mother's Maiden Name <i>— Beale</i>				Mother's Birthplace <i>Ft. Co Md</i>			
Name of person giving information <i>Mr. Layman</i>				How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>		How long <i>Several Months</i>	
Immediate <i>105</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None in attendance</i>	
		Address <i>for weeks prior to death</i>	
Accident or Suicide? <i>Reported by A. T. Price &amp; Louis</i>			

Interment Aug 18<sup>th</sup> 03

" at Flint Hill.

A. F. Rice & Son's,

Funeral directors,

Israel - Haines

Died at <sup>Town</sup> Unionville <sup>County</sup> Frederick

MARYLAND

Date 1903 Aug 15 Age 71. 10 25 Native of Md. Occupation Laborer

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 6

Husband of Sarah Ann Long

Father's Name George Haines Mother's Name Unknown

Cause of Death { Primary Nephritis How long sick 3 years  
 Immediate Exhaustion W. Accident, Suicide, Homicide

Reported by Thomas P. Sappington M.D.  
 Address Unionville Maryland





Name in Full

Certificate of Death

Alice A. Hall

Town

County

Died at

near Pearl

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 24

Age

47

Mo.

H.W.

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

~~Color~~~~Single~~~~Widow~~

Number of children living

5

Husband of

Sam'l. J. Hall

Wife

Father's

Name

Eden Sheets

Mother's

Maiden Name

Rebecca Brady

Cause of

Primary

Asthenia due to grief - Typhoid state - Hypostatic

How long sick

Death

Immediate

Asthenia &amp; Orthopnea

Pneumonia  
Pneumonia

Reported by

93

J. O. Skindier, M.D.  
Frederica, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

5



Name  
in  
Full

Ruben W. Hawkins Jr

## CERTIFICATE OF DEATH

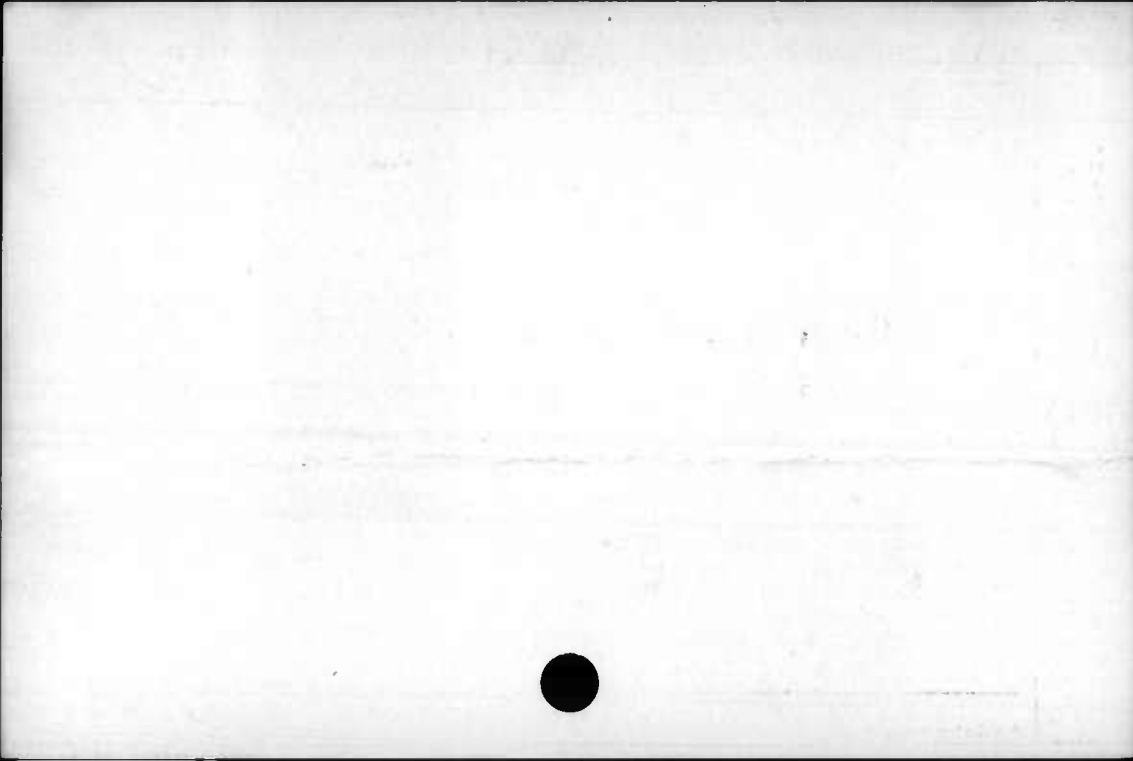
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1903	Month Aug.	Day 31	Age Years	Months 10		Days 10
Sex	Male		Color or Race	white		Birth- place	Brunswick Md
Married, Single or Widowed	Infant			Occupation	Infant		
Name of Wife or Husband							
Father's Name	Ruben W. Hawkins				Father's Birthplace	Virginia	
Mother's Maiden Name	Emma Annie				Mother's Birthplace	Md	
Name of person giving information					How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	Exhaustion	151
Are the name, age, sex, color, date and place correctly given above?		How long
yes		9 days
Signature of Physician		Dr H. Hedges
Address		Brunswick Md
<del>Accident or Suicide?</del>		



Name  
in  
Full

Lewis Frederick Hoffman

## CERTIFICATE OF DEATH

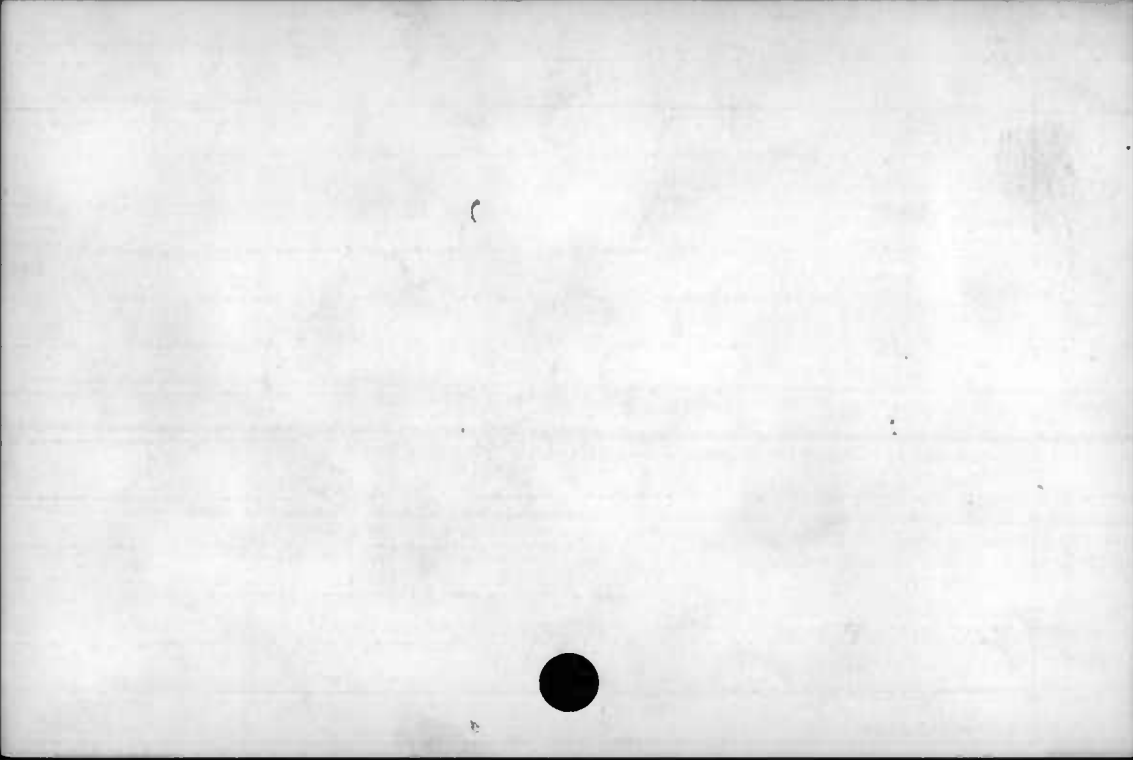
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>Torrensburg</i>		<i>County</i> <i>Fredereck</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>7</i>	Years <i>7</i>	Months <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>-</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Lewis M. Hoffman</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Bertha Milham</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Bertha Hoffman</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>chronic indigestion</i>	How long <i>3 mos.</i>
Immediate <i>Spurious Hydrocephalus</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lewis Hoffman</i>
	Address <i>Torrensburg, Md.</i>
Accident or Suicide?	



Mrs Jane Jenkins

Town

County

Died at Mrs John H. Hubbards, Frederick

MARYLAND

Date 1903 Aug. 11 | Age 77. - - | Native of M. S. A | Occupation Don't know  
 White Married Widow Divorced Don't know, Don't know  
 Female Colored Single Widower Number of children living 0.

Husband of Don't know  
 Wife

Father's Name Don't know Mother's Name Don't know  
 Maiden Name

Cause of Death { Primary Senile Debility - How long sick Don't know exactly  
 Immediate Senile Debility - Accident, Suicide, Homicide

Reported by R. L. Hammond

Address Woodboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

313



Name  
in  
Full

Anna B. Johnson

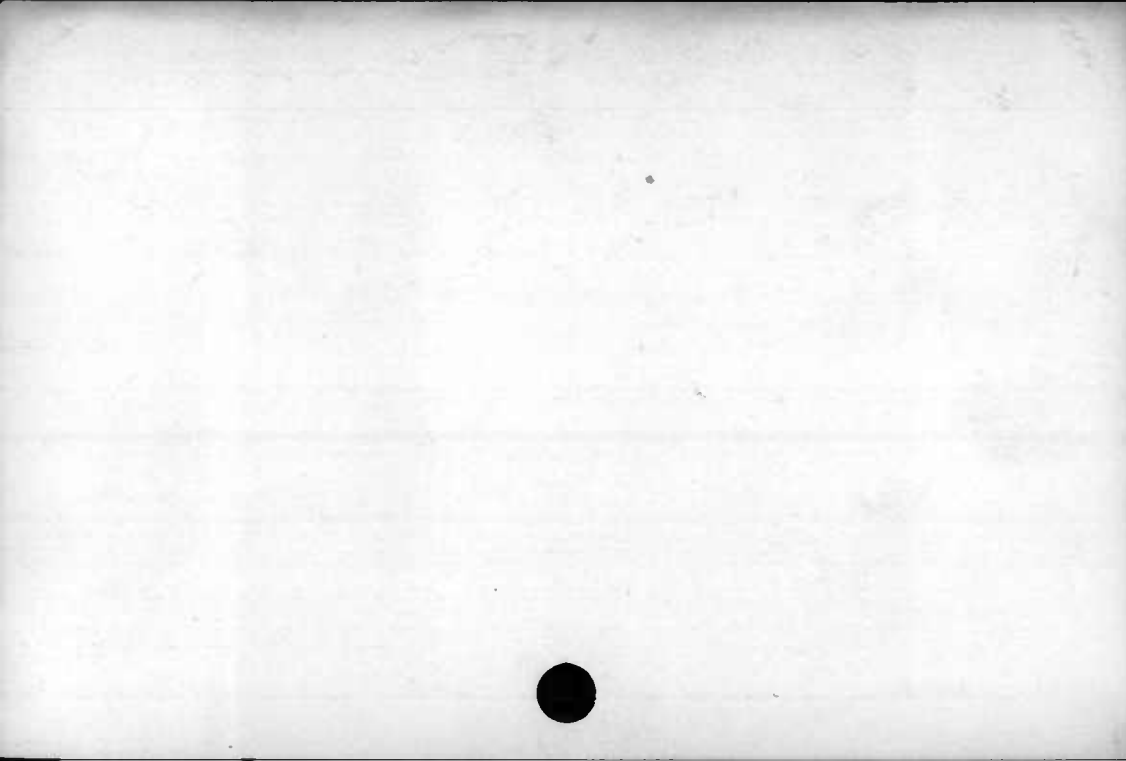
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

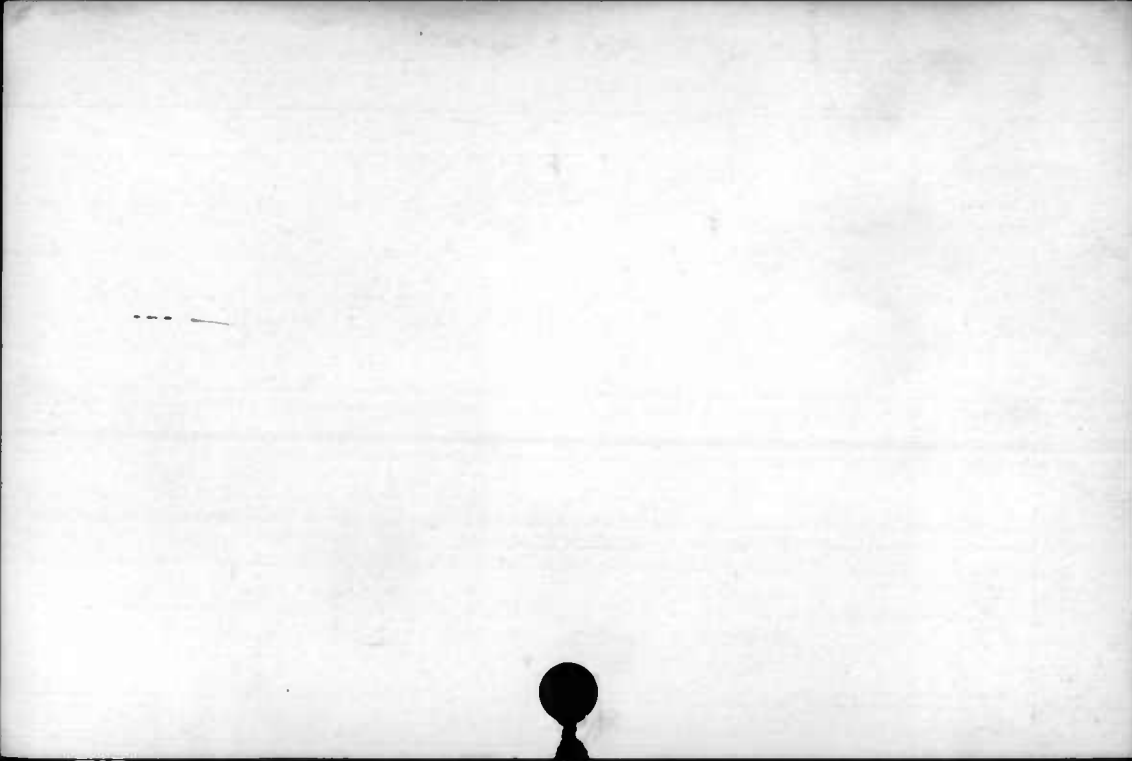
Died at		Town Pleasant		County Frederick		MARYLAND		
Date of death 1903	Month Aug	Day 29th	Age 55	Years	Months 2	Days 5		
Sex Female	Color or Race Black		Birth-place Frederick Co					
Married, Single or Widowed	Married		Occupation		House wife			
Name of Wife or Husband		Charles Johnson						
Father's Name		Wm Cyers			Father's Birthplace		Mtgomery Co Md	
Mother's Maiden Name		Sarah Cyers			Mother's Birthplace		Frederick Co	
Name of person giving information		Charles Johnson			How related to deceased		Husband	

PHYSICIAN  
OR CORONER

Apoplexy		CAUSES OF DEATH		and Paralysis	
Primary				How long	
Immediate	Exhaustion			How long 2 years	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H E Stern	
				Address Mt Pleasant Md	
Accident or Suicide?					



Name in Full		Ellen R Haas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> near <i>Motters</i>		<sup>County</sup> <i>Fredrick</i>		MARYLAND		
	Date of death 1903	Month <i>8</i>	Day <i>16</i>	Age <i>55-</i>	Months <i>6</i>	Days <i>24</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>			
	Married, Single or Widowed		Occupation <i>Housewife</i>				
	Name of Wife or Husband <i>John Haas</i>						
	Father's Name <i>David Heffer</i>			Father's Birthplace			
	Mother's Maiden Name <i>Anna Heffer</i>			Mother's Birthplace			
Name of person giving information <i>John Haas</i>			<i>X</i>		How related to deceased <i>Son</i>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Cancer of Breast, or</i>			How long <i>15 months.</i>			
	Immediate <i>Scirrhous Carcinoma.</i>			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>E. C. Kefauver</i>			
				Address <i>Shurmount, Md.</i>			
	Accident or Suicide? <i>_____</i>						



Name  
in  
Full

CERTIFICATE OF DEATH

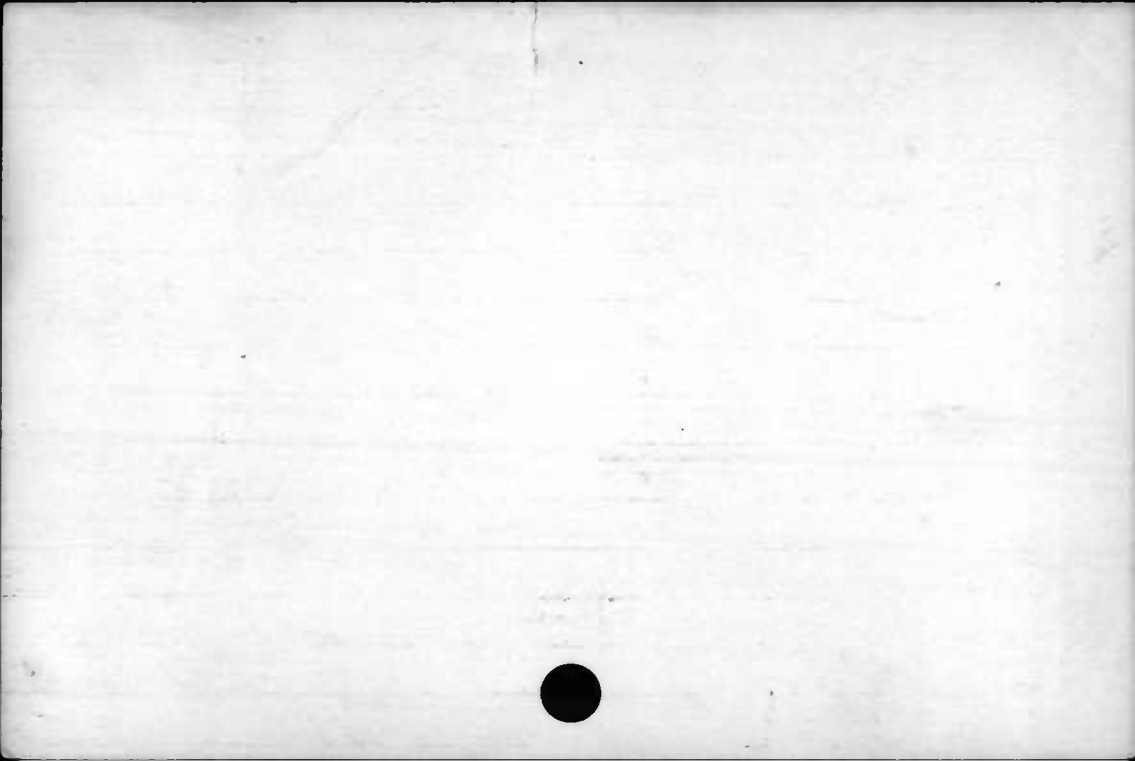
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Milbyr Luther Keilholz</i>		Town <i>Graceham</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Aug</i>		Day <i>23</i>	
Sex <i>Male</i>		Age <i>20</i>		Years <i>Two</i>		Months <i>20</i>	
Color of Race <i>White</i>		Birth- place <i>near Graceham</i>					
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Luther H. Keilholz</i>				Father's Birthplace <i>Rocky Ridge</i>			
Mother's Maiden Name <i>Alveta May Fisher</i>				Mother's Birthplace <i>Rocky Ridge</i>			
Name of person giving In formation <i>L. H. Keilholz</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>		How long <i>105</i>
Immediate <i>Broncho Pneumonia</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. E. Kefauver</i>
		Address <i>Thurmont Maryland</i>
Accident or Suicide? <i>No</i>		



Name in Full

Certificate of Death

Jane R. Kellen

Town

County

Died at *near Middletown* *Friedenrichs* MARYLAND

Date *1903* *Aug* *3* *70* *5* *18* *Ind* *Housewife*  
 Male *White* Married *Widow* *Divorced*  
 Female *Colored* Single *Widower* Number of children living *3*

Husband of *Daniel Kellen*  
~~Widow~~

Father's Name *John Miller*

Mother's Name *Susan Koogle*

Cause of Death { Primary *Progressive Paralysis (Cerebral)* *over 3 yrs*  
 Immediate *terminal stroke*  
 How long sick *over 3 yrs*  
 Accident, Suicide, Homicide

Reported by *E. L. Beckley M.D.*

Address *Middletown*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

H. C. Fute - Undertaker



Name

in Full

Leslie B Kreh

## CERTIFICATE OF DEATH

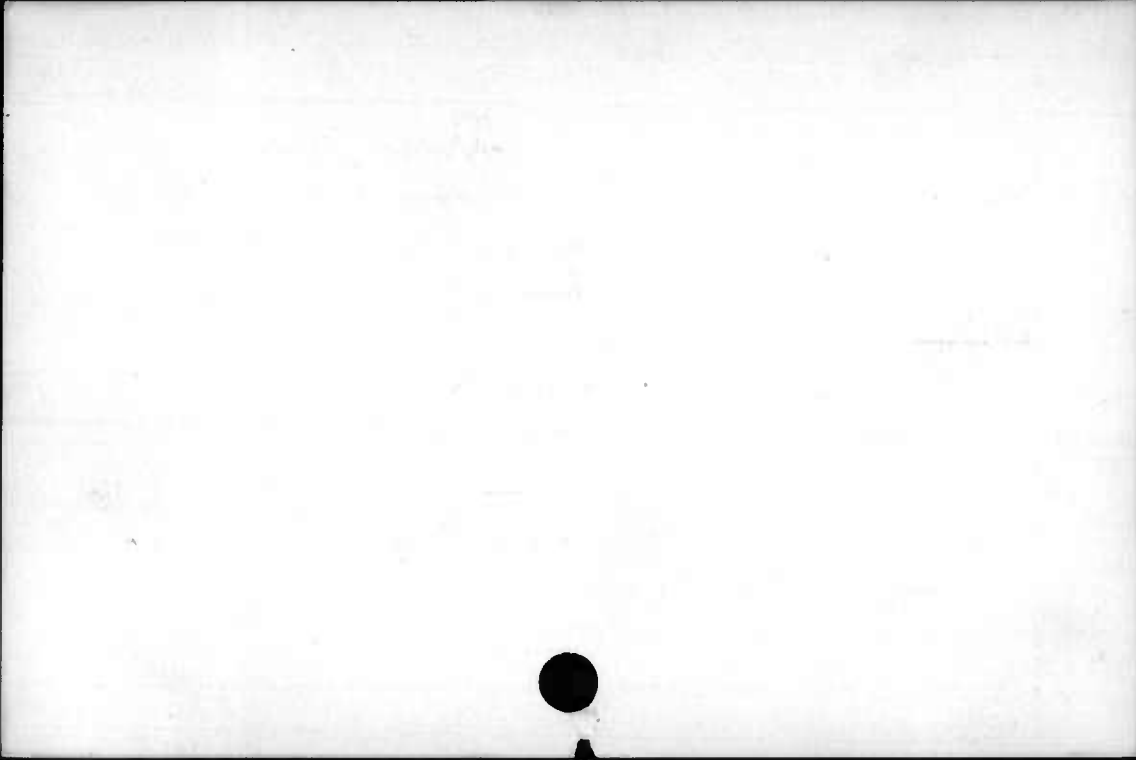
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

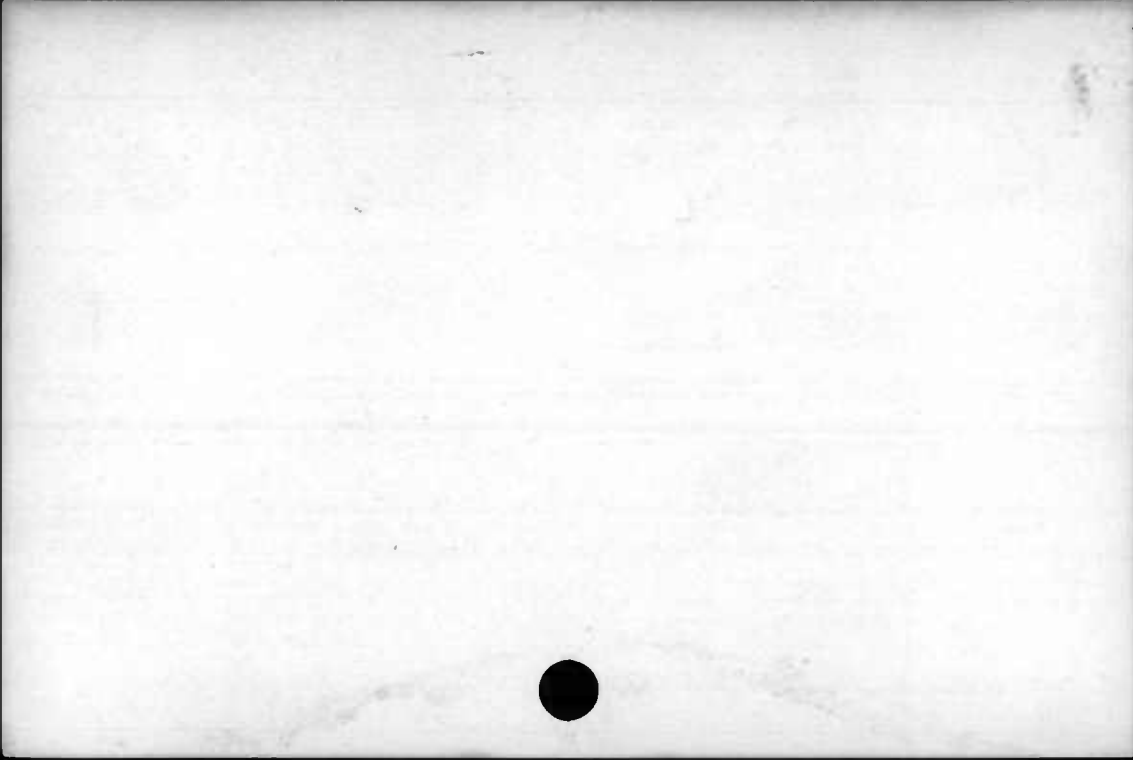
Primary	Typhoid Pneumonia	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. M. Gardiner M.D.	
		Address	
		Castle Bldg.	
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>Catherine Leatherman</b>		CERTIFICATE OF DEATH	
Died at <sup>Town</sup> <b>New Wolfville</b> <sup>County</sup> <b>Frederick</b>		MARYLAND	
Date of death 190 <b>3</b>	<sup>Month</sup> <b>Aug.</b>	<sup>Day</sup> <b>16</b>	<sup>Years</sup> <b>75</b>
Sex <b>Female</b>		Color or Race <b>white</b>	Months <b>3</b>
Married, Single or Widowed <b>widowed</b>		Birth-place <b>Ellerton</b>	Days <b>22</b>
Occupation <b>Housewife</b>			
Name of Wife or Husband			
Father's Name <b>John Groesnickle</b>		Father's Birthplace <b>Ellerton</b>	
Mother's Maiden Name <b>Hauver</b>		Mother's Birthplace <b>Foxville</b>	
Name of person giving information <b>J. M. Leatherman</b>		How related to deceased <b>son</b>	
CAUSES OF DEATH			
Primary <b>Diarrhoea</b>		How long <b>Two weeks</b>	
Immediate <b>Heart disease</b>		How long <b>106</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. J. Smith</b>	
		Address <b>New Wolfville Md</b>	
Accident or Suicide? <b>—</b>			



Name in Full

Certificate of Death

David H Martin

Town

County

MARYLAND

Died at *Motiers**Frederick*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*23* *August* *9*

Age

*-**4**26**Mo**None*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name *Howard A. Martin*Mother's  
Maiden Name *Binnie Hartbaugh*Cause of  
Primary*Cholera Infantum*

How long sick

*5 days*

Death

Immediate

*10*

Accident, Suicide, Homicide.

Reported by

*J. Richelberg**M. S.*

Address

*Essexbury**M. S.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Elizabeth M. Mearns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190		3	Month <i>Aug</i>	Day <i>1</i>	Age <i>37</i>	Years	Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Married</i>				Occupation			
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>27</i>						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>20 years</i>
Immediate <i>Exhaustion</i>		How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. McComas</i>
		Address <i>Frederick</i>
		<i>MD</i>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name		Hzeekiah Murphy				County		Tried		Town		Died at		Maryland	
Date		of death 1903		Month 8		Day 11		Age 76		Years 5		Months 27		Days	
Sex		Male		Color or Race		White		Birth-place		Frederick Co.					
Married, Single or Widowed		Widowed		Occupation		Farmer									
Name of Wife or Husband															
Father's Name		William Murphy		Father's Birthplace		Maryland									
Mother's Maiden Name				Mother's Birthplace											
Name of person giving information		Joseph Murphy		How related to deceased		Brother									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Typhoid fever		How long		10 days	
Immediate		Intestinal Hemorrhage		How long		3 days	
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		J. H. Laib	
				Address		Mt. Pleasant	
Accident or Suicide?							



Name  
in  
Full

Edith Prine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Adams</u> <sup>Town</sup>		<u>Indiana</u> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <u>Aug</u>	Day <u>11</u>	Age	Years	Months <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Adams</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Wm Prine</u>			Father's Birthplace <u>Ind H Co Mo</u>		
Mother's Maiden Name <u>Hurietta Smith</u>			Mother's Birthplace <u>Indiana Co Mo</u>		
Name of person giving information <u>C. H. Emery</u>			How related to deceased <u>not related</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>one week</u>
Immediate	<u>Marasmus</u>	How long	<u>couple weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. H. Emery</u>
		Address	<u>Adams</u>
Accident or Suicide?			



Name  
in  
Full

Charles William Peter

## CERTIFICATE OF DEATH

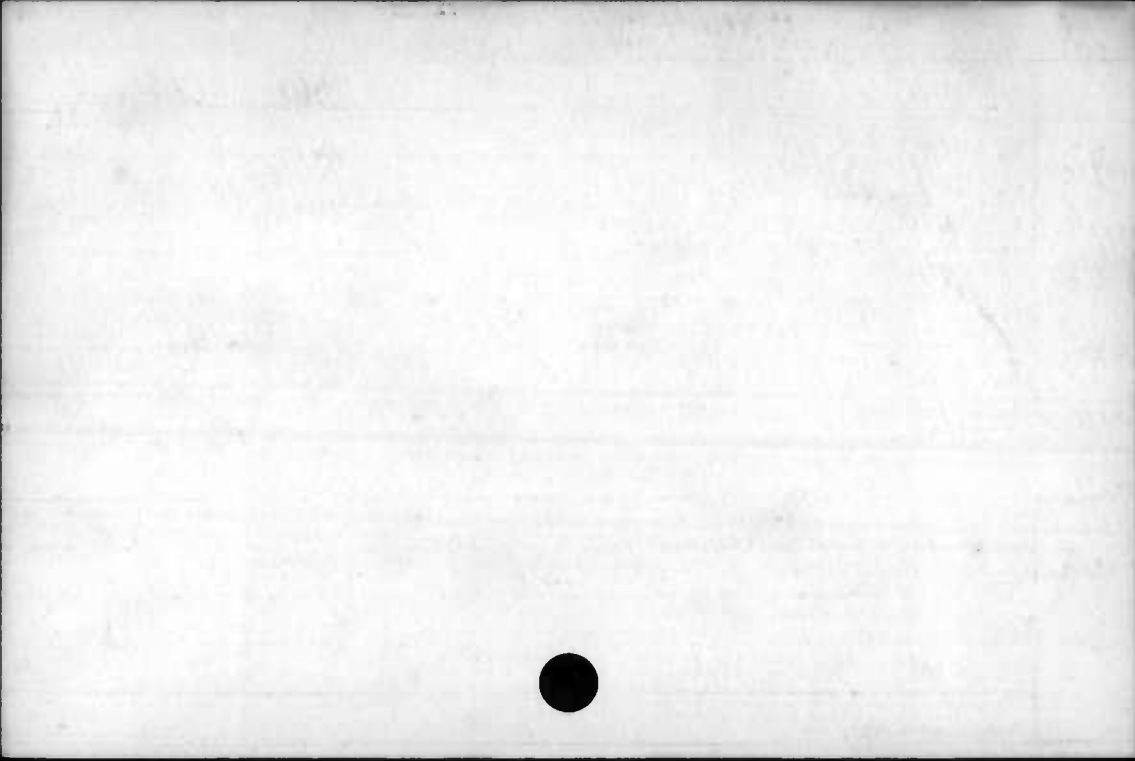
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Brunswick</b> <sup>Town</sup>		<b>Fredrick</b> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <b>Aug</b>	Day <b>5</b>	Age	Years	Months <b>7</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Brunswick</b>	
Married, Single or Widowed <b>Single</b>		Occupation <b>none</b>			
Name of Wife or Husband					
Father's Name <b>Muriel R Peters</b>			Father's Birthplace <b>Bolton Md</b>		
Mother's Maiden Name <b>Emma J. Page</b>			Mother's Birthplace <b>Md</b>		
Name of person giving information <b>Muriel P. Peter</b>			How related to deceased <b>Father</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Tuberculosis of Lungs</b>	How long	<b>3 months</b>
Immediate	<b>Exhaustion</b>	How long	<b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. S. Hedges M.D.</b>	
		Address <b>Brunswick Md</b>	
Assistant Coroner			



Name  
in  
Full

Bernard Plubius

## CERTIFICATE OF DEATH

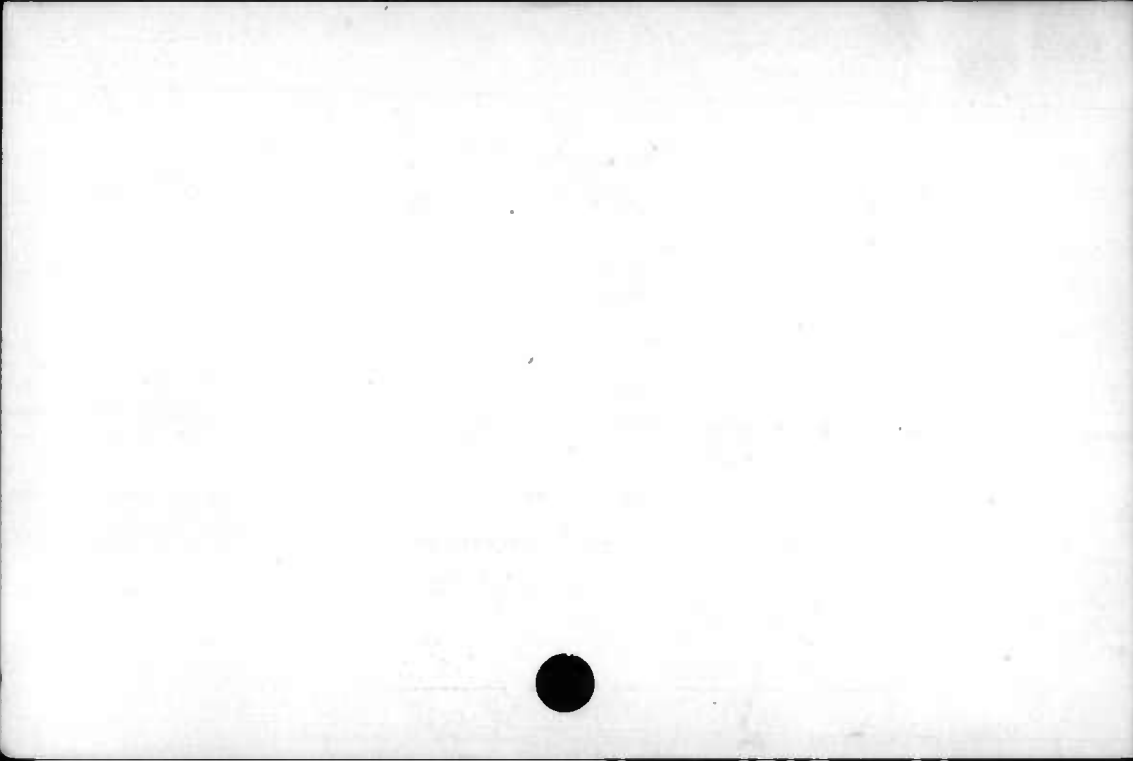
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Schleyville</i>		Town		<i>Indiantown</i>		County	
Date of death 1903		Month <i>Aug</i>		Day <i>26</i>		Age <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Indiantown</i>		Months	
Married, Single or Widowed <i>Married</i>		Occupation <i>Ironmaster</i>		Years		Days	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Sister</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Asthenia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. M. Cuddy</i>
	Address
Accident or Suicide?	





Name In Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, any in attendance, otherwise by coroner, undertaker or minister.

Senora C. R. R.   
 Town Church Hill County Fredk. Co. — — MARYLAND   
 Died at Church Hill   
 Date 1893 August 29<sup>th</sup> Age 39 1/2 Native of Clarin<sup>g</sup> Occupation Seamstress   
 Male White Married Widow ~~Deceased~~   
 Female Colored Single Widower Number of children living 3   
 Husband of Jeremiah S. R. R.   
 Wife   
 Father's Name John A. R. R. Mother's Name Elizabeth R. R.   
 Cause of Primary Tuberculosis — How long sick 6 months   
 Death Immediate ~~Cytoplasm~~ — Accident, Suicide, Homicide   
 Reported by J. W. Gettys — M. D.   
 Address Numerical —



Name  
in  
Full

## CERTIFICATE OF DEATH

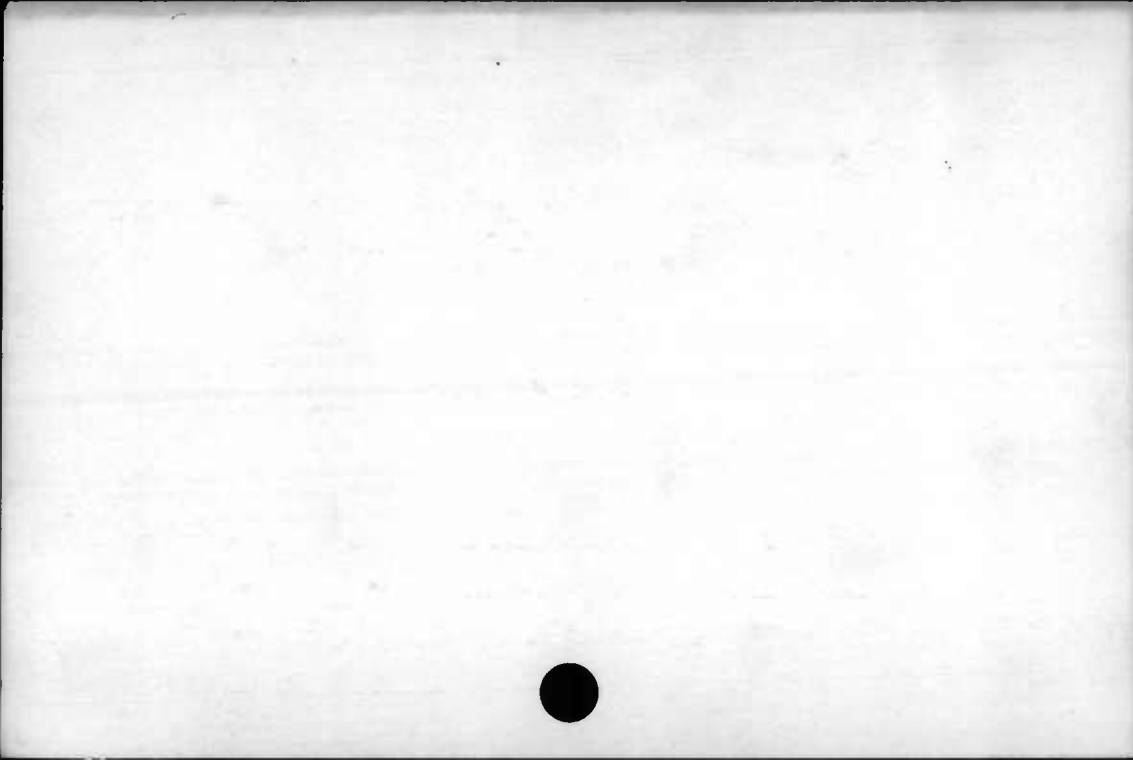
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middletown</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>aug</i>	Day <i>28th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
<del>Married, Single</del> <del>or Widowed</del>			Occupation <i>—</i>				
Name of Wife or Husband							
Father's Name <i>Clarence W. Ruddy</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Aemie L. Shofer</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>Marshall Fute</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Dysentery</i>	How long <i>2 months</i>
Immediate <i>Hypostatic Pneumonia</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. A. Lamon, M.D.</i>
	Address <i>Middletown, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month 8	Day 25	Age 56	Years 56	Months +	Days +	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Geo-</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer -</i>					
Name of Wife or Husband <i>Mary Schuraring</i>							
Father's Name <i>John B. Schuraring -</i>		Father's Birthplace <i>Geo-</i>					
Mother's Maiden Name <i>Catharine Warner</i>		Mother's Birthplace <i>Geo-</i>					
Name of person giving information <i>Mary - Schuraring -</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>10 years -</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Emeline Buchanan</i>
	Address <i>Frederick City - Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

*Wilbert Walter Shoemaker*

Town

County

Died at

*Emmitsburg, Frederick Co*

MARYLAND

Date 19*03*

Month

Day

Y.

M.

D.

Native of

Occupation

*Aug 26*

Age

*0 5'*

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Walter Shoemaker*

Mother's

Maiden Name

*Margaret Heybright*

Cause of

Primary

*Acute Colitis*

How long sick

*10 days*

Death

Immediate

*Exhaustion 105*

Accident, Suicide, Homicide

Reported by

*W H E S*

Address

*Emmitsburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Smith-

## CERTIFICATE OF DEATH

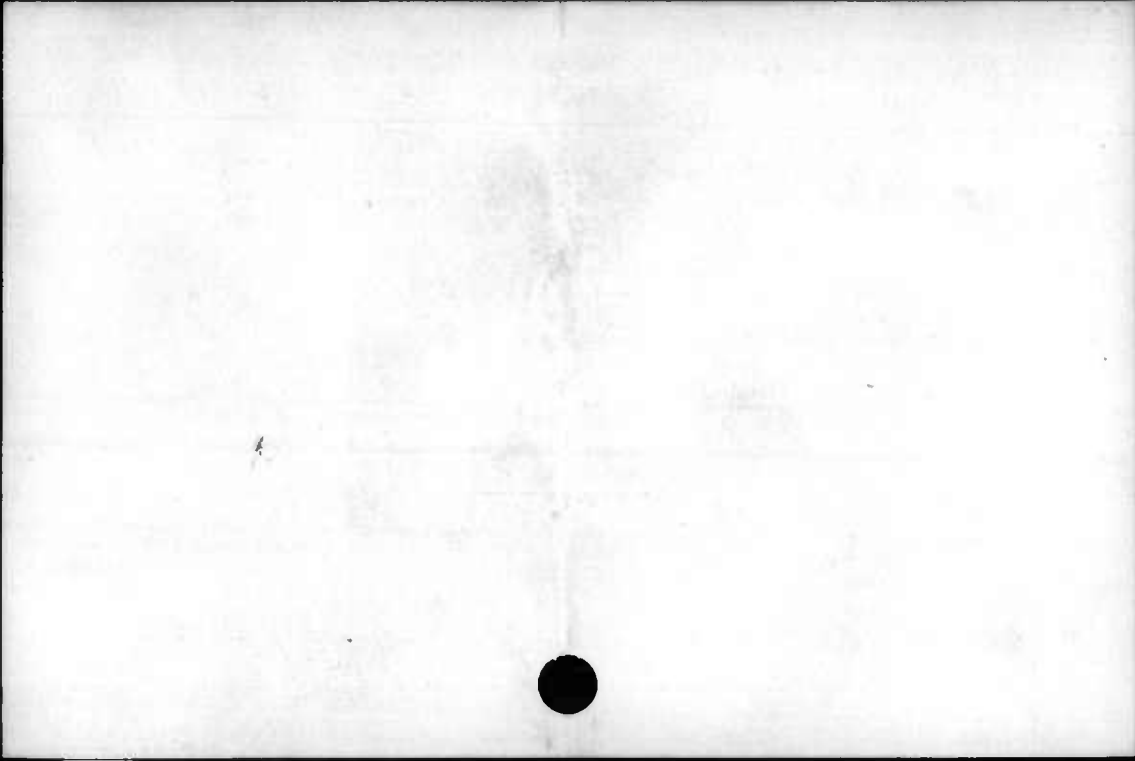
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Muckersville</i>			Town <i>Frederick</i>			County			MARYLAND				
Date of death 1903		Month <i>8<sup>th</sup></i>		Day <i>5<sup>th</sup></i>		Age		Years <i>X</i>		Months <i>X</i>		Days <i>11</i>	
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>Muckersville</i>					
Married, Single or Widowed						Occupation <i>X</i>							
Name of Wife or Husband <i>X</i>													
Father's Name <i>Carroll L. Smith</i>						Father's Birthplace <i>Co</i>							
Mother's Maiden Name <i>Mip Mattie Geesey</i>						Mother's Birthplace <i>Co</i>							
Name of person giving information <i>Dr F B Smith</i>						How related to deceased <i>bro</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>151</i>	
Immediate <i>Cerebral Apoplexy</i>		How long <i>X</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter Buchanan Boyd</i>	
		Address <i>City</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Infant of Henry &amp; Elizabeth Smith

Town

County

Died at

Harkersville

Indk.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 21

Age

3.

Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Henry

Mother's

Maiden Name

Elizabeth Johnson

Cause of

Primary

Intestinal catarrh.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. A. Thompson

Address

Harkersville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

*Mrs. Rosa Spriggs*

CERTIFICATE OF DEATH

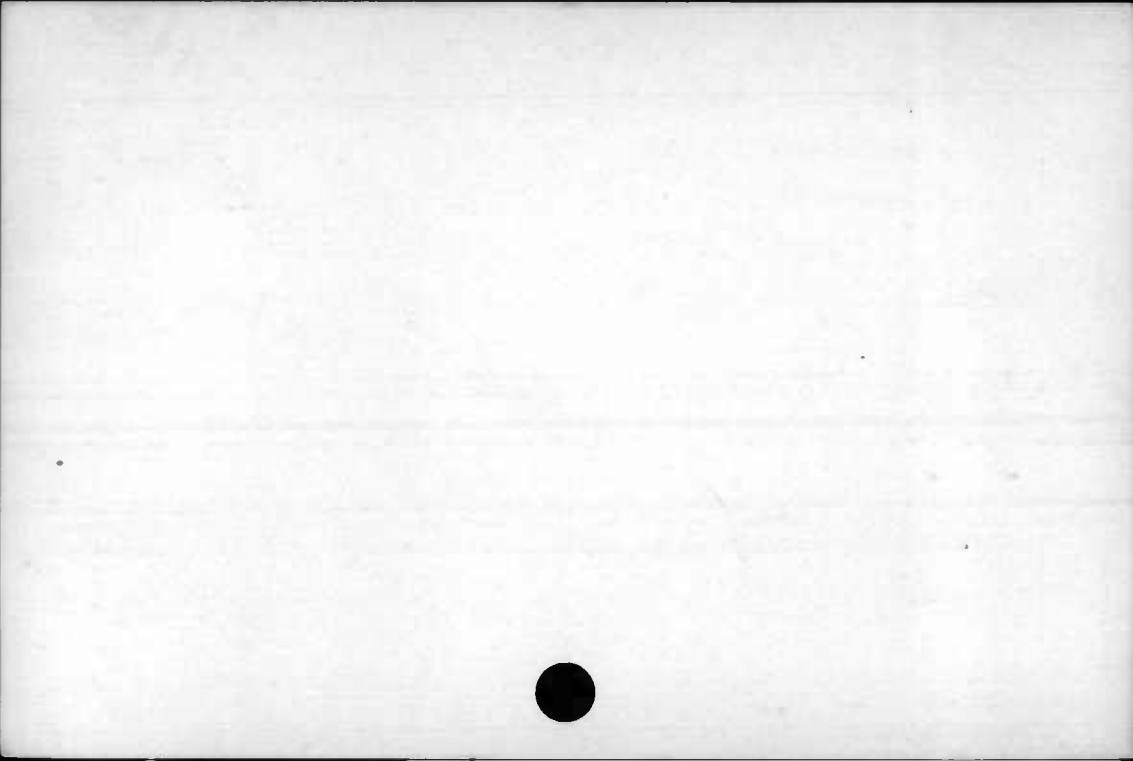
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monterus Hospital Frederick</i>		Town <i>Frederick</i>		County	
Date of death 190 <i>7</i>		Month <i>Aug</i>	Day <i>2</i>	Years <i>45</i>	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>X</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>			<i>X</i>		
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption (Pulmonary)</i>	How long <i>6 mos (2)</i>
Immediate <i>Exhaustion</i>	How long <i>15 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Higney</i>
	Address <i>17 Second St W.</i>
Accident or Suicide?	



Name  
in  
Full

Catherine J. Staub

## CERTIFICATE OF DEATH

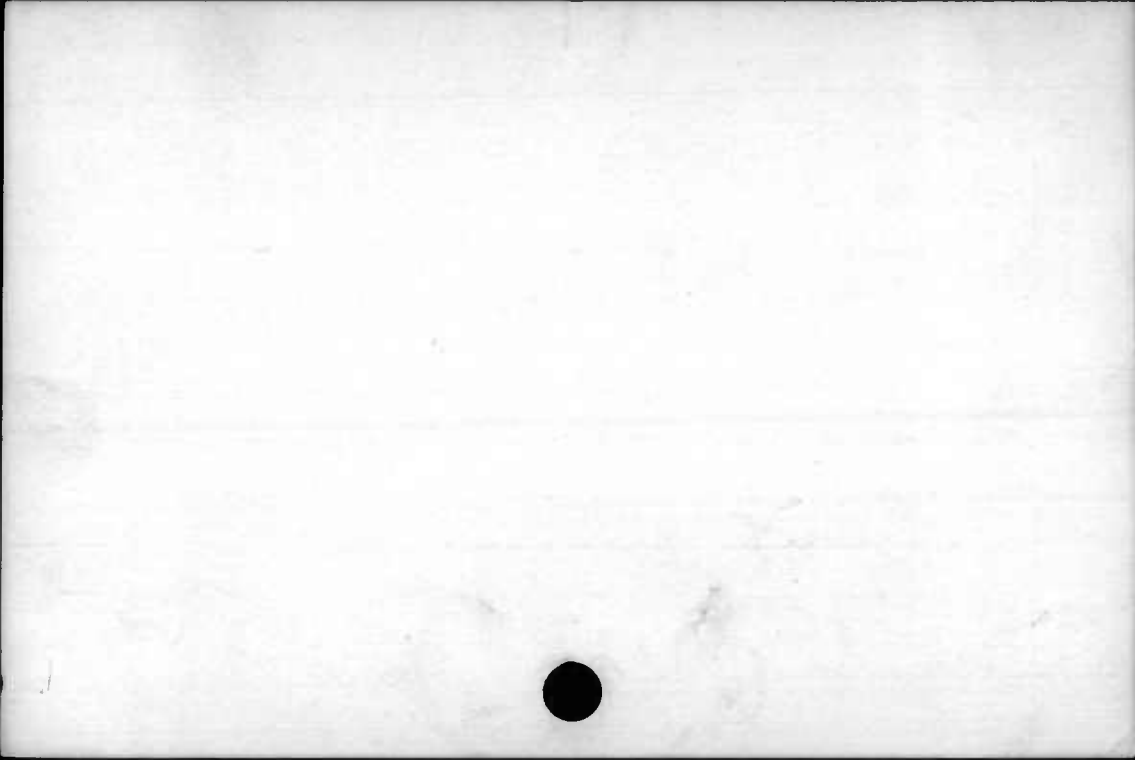
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Thurmont		County Frederick		MARYLAND	
Date of death 190	3	Month Aug	Day 28	Age 58	Years	Months 2	Days 26
Sex	female		Color or Race	white		Birth- place	Maryland
Married, Single or Widowed	widowed			Occupation Housekeeper			
Name of Wife or Husband	Louis N. Staub						
Father's Name	Jas. Widdie					Father's Birthplace	
Mother's Maiden Name	Sophia J. Miles					Mother's Birthplace	
Name of person giving Information	Scott Smith					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism & cystic Saliv	How long	5 yrs -
Immediate	Malaria & exhaustion from work	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Morris A. Birly
		Address	Thurmont, Md.
Accident or Suicide?	no		





Name In Full

Certificate of Death

Charles E Stevens

Died at

Liberty town

County

Frederick

MARYLAND

Date 1903

Month Day  
Aug - 27

Age

Y. M. D.  
60 - 0 - 0

Native of

Frederick Co. Shor-Mason

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 0

Husband

of

Susan Bungegarter

Father's

Name

Samuel Stevens

Mother's

Name

Agnes Wagner

Cause of

Primary

Tubercular Laryngitis

How long sick

8 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Otis B. Stone M.D.

Address

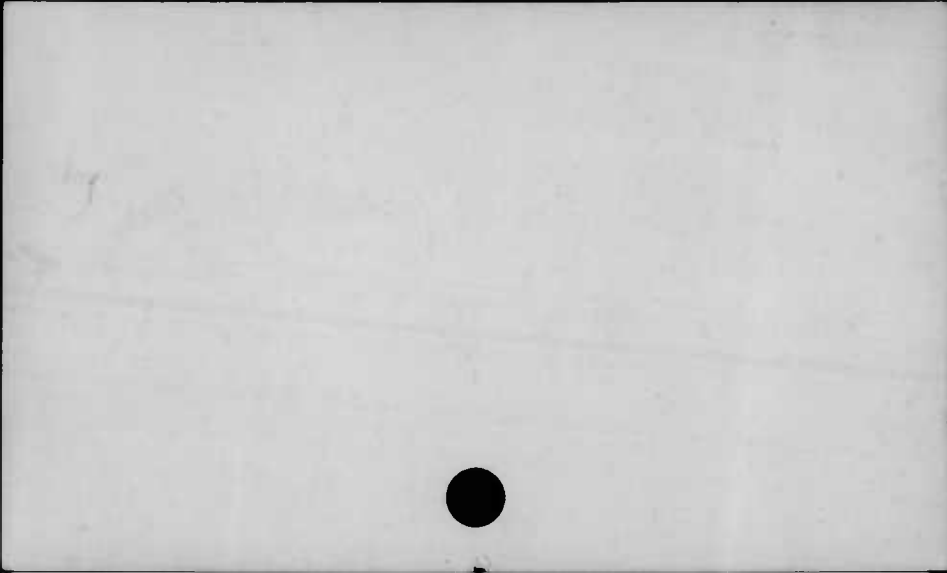
Liberty town

Frederick Co.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79834



Name  
in  
Full

Lucy Bell. Stover.

## CERTIFICATE OF DEATH

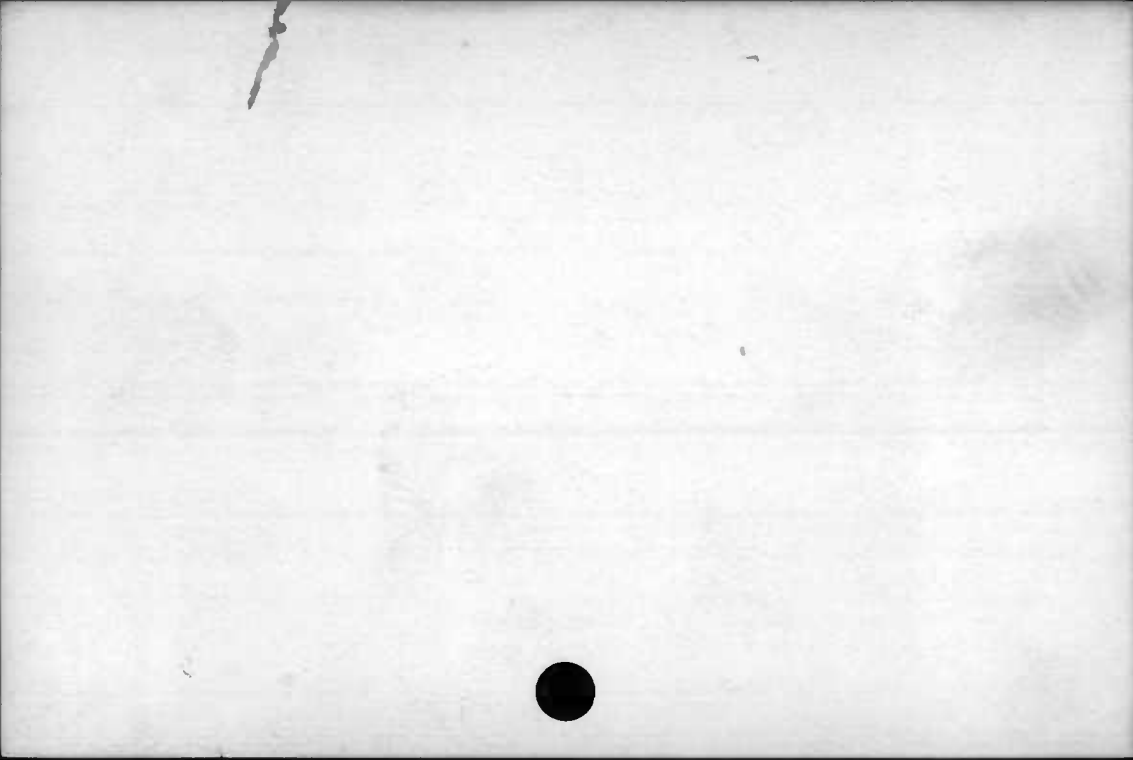
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Midway</i> <sup>Town</sup>			County <i>Frederick</i>		MARYLAND		
Date of death 1903		Month <i>August</i>	Day <i>18</i>	Age	Years	Months	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>white</i>			Birth-place <i>New Midway, Md.</i>		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Charles Albert Stover</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mattie Amanda Kriss</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Charles Albert Stover</i>				How related to deceased <i>Father.</i>			

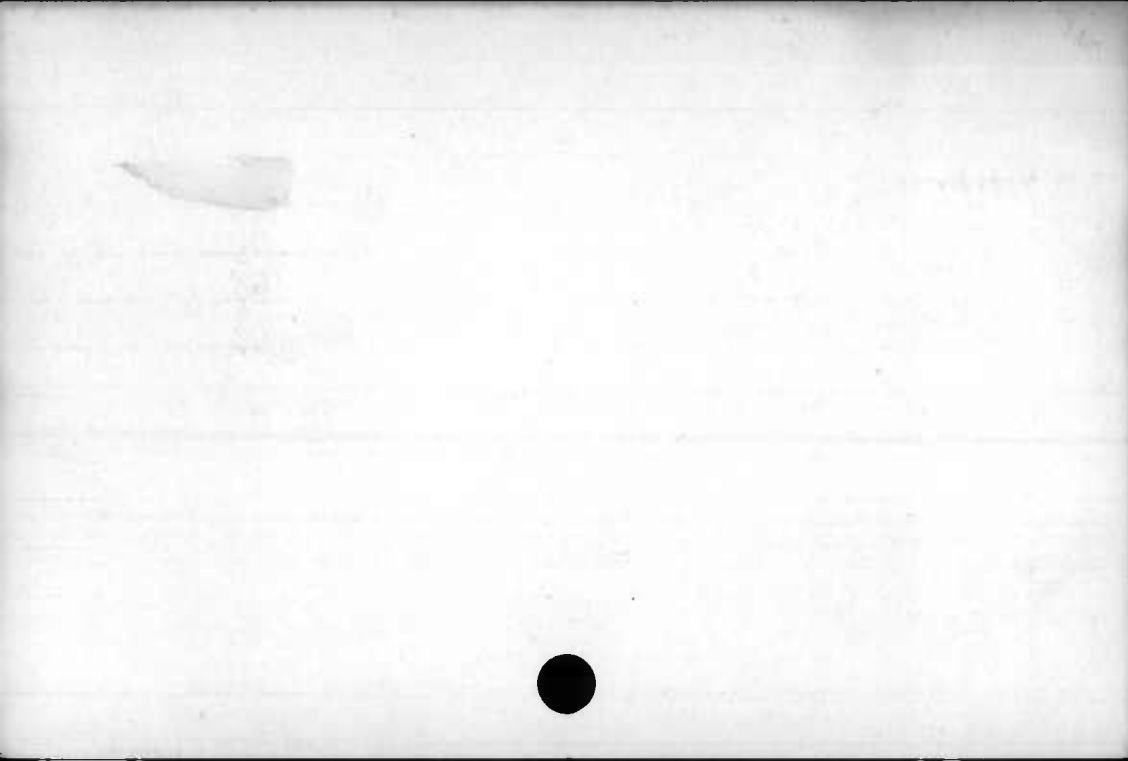
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>mother had severe hemorrhage before birth.</i>		How long
Immediate <i>debility</i>		How long <i>151</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John S. Liggett, M.D.</i>
		Address <i>Ladiesburg, Fredk Co. Md.</i>
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>13 Brunswick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>aug</i>	Day <i>10</i>	Age <i>10</i>	Years <i>5</i> Months <i>10</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>	
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>J. J. Thomas</i>		Father's Birthplace <i>Ind</i>		
	Mother's Maiden Name <i>M. J. Mathews</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>J. J. Thomas</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Cholera or fainting</i>		How long <i>2 weeks</i>		
	Immediate <i>u</i>		How long <i>105</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Ja</i>		Signature of Physician <i>Lerm Kesh</i>		
			Address <i>13 Brunswick. Ind</i>		
	Accident or Suicide?				



Name  
in  
Full

Sophia Toms-

## CERTIFICATE OF DEATH

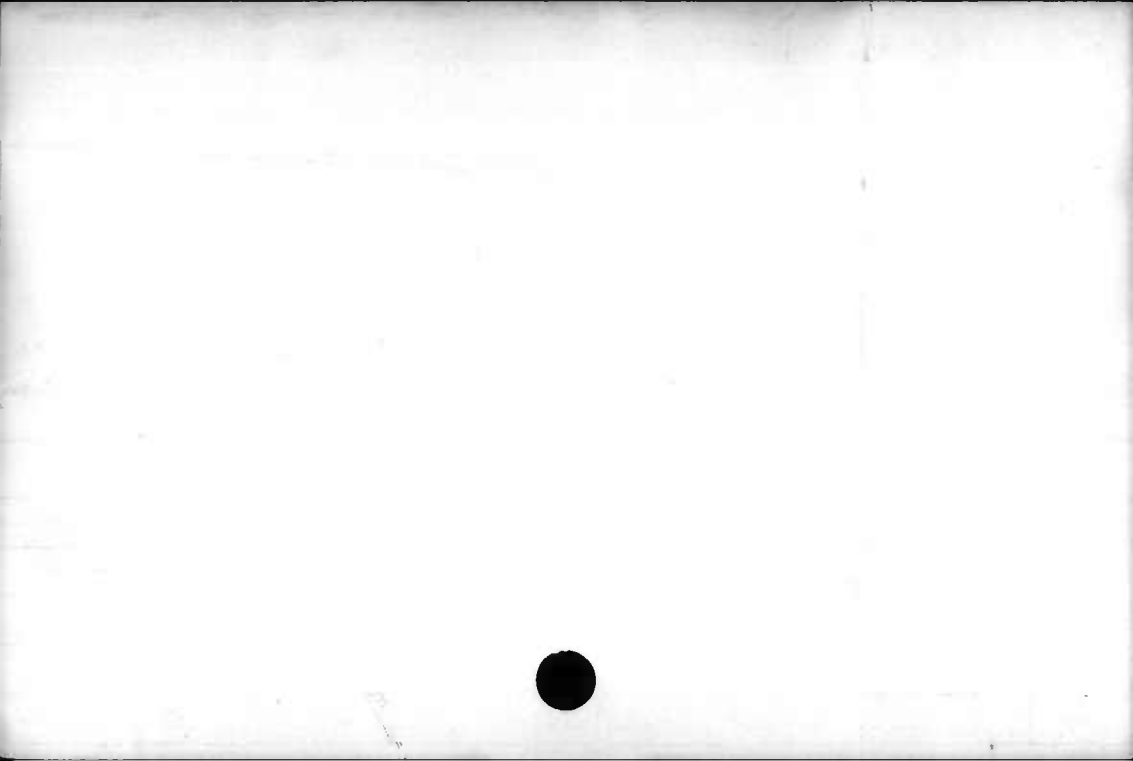
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Myersville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>14<sup>th</sup></i>	Age <i>74</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Loub</i>			Father's Birthplace <i>Fred - Co</i>		
Mother's Maiden Name <i>Catherine Smith</i>			Mother's Birthplace <i>Fred - Co</i>		
Name of person giving information <i>George S. Toms</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis pulmonalis</i>	How long	<i>12 years -</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.B. Wheeler</i>	
<i>—</i>		Address <i>Boonsboro</i>	
Accident or Suicide? <i>—</i>		<i>Washington Co -</i>	





Name  
in  
Full

Charles Joshua Atlee Walker,

## CERTIFICATE OF DEATH

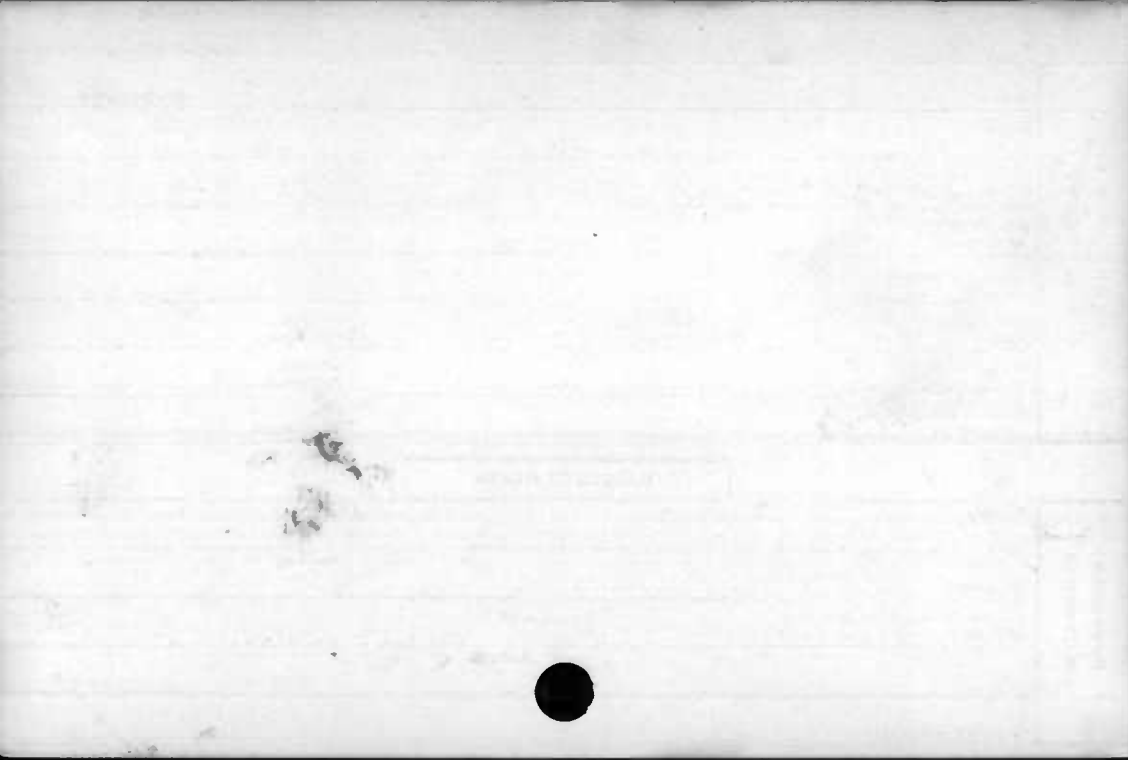
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bunkle's mill</i> <sup>Town</sup> <i>!</i> <sup>County</sup> <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>26</i>	Age <i>6</i> <sup>Years</sup> <i>1</i> <sup>Months</sup> <i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored.</i>	Birth-place <i>Ind.</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>John H. Walker.</i>		Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Bessie E. Walker.</i>		Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Uncle Fisher</i>		How related to deceased <i>Aunt.</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus.</i>	How long <i>Several months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. H. Schiller</i>
	Address <i>Bunkle's mill</i>
	<i>Ind.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

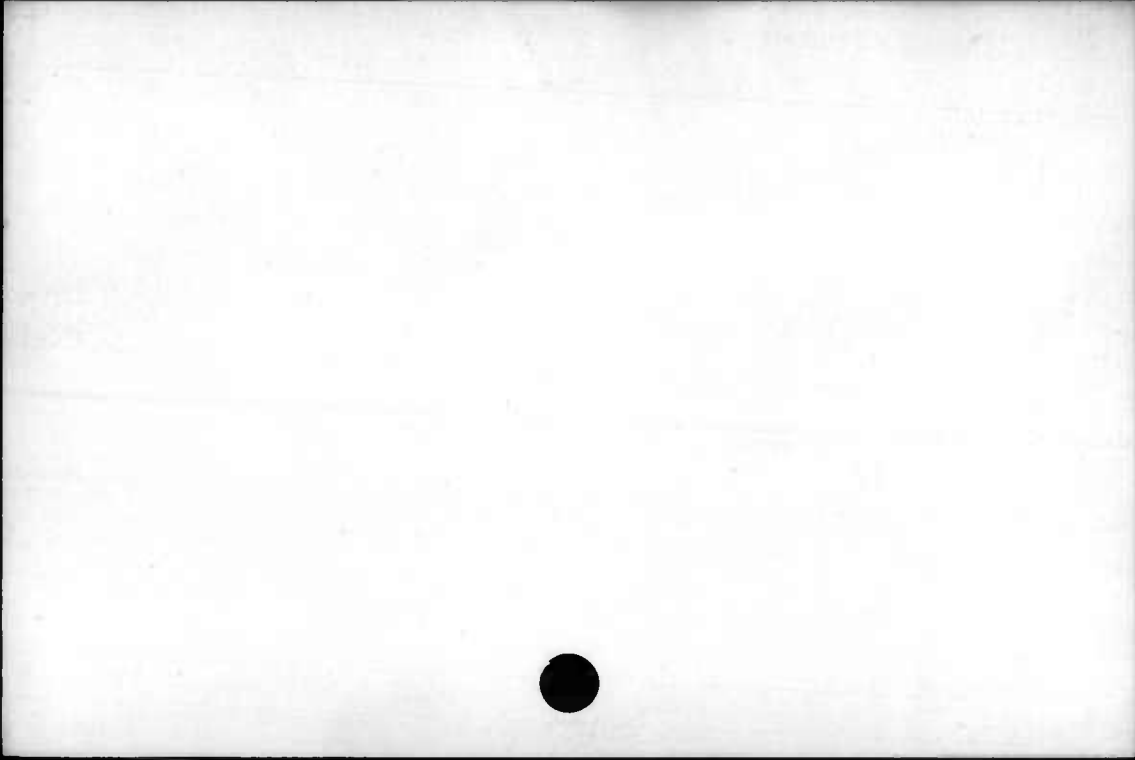
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Foxville</i>		Town <i>Stedman</i>		County <i>6</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>3rd</i>	Years <i>50-</i>	Months <i>7</i>	Days <i>23</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Philo.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>maiden name of wife Kinsel</i>							
Father's Name <i>Sam'l Wragley</i>			Father's Birthplace <i>Wash Co Md</i>				
Mother's Maiden Name <i>Elizabeth Ranner</i>			Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Calvin Brown</i>			<i>✓</i>		How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atrophic Cirrhosis of the Liver</i>	How long <i>about 6 months</i>
Immediate <i>Several</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph Prohman M. D.</i>
	Address <i>Smithsburg.</i>
	<i>Maryland.</i>
Accident or Suicide?	



Name  
in  
Full7 months child lived six hours *Wenner*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 1903	3	Month	Aug	Day	6	Age	Years	Months	Days
Sex <i>Female</i>		Color or Race		<i>white</i>		Birth-place		<i>Ind</i>	
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Roy B. Wenner</i>						Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Melvin S. Miller</i>						Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>R. B. Wenner</i>						How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	-
Immediate	<i>5</i>	How long	<i>151</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Leon West</i>
		Address	<i>Braunsmat- Frederick</i>
Accident or Suicide?			

9. 1. 1876

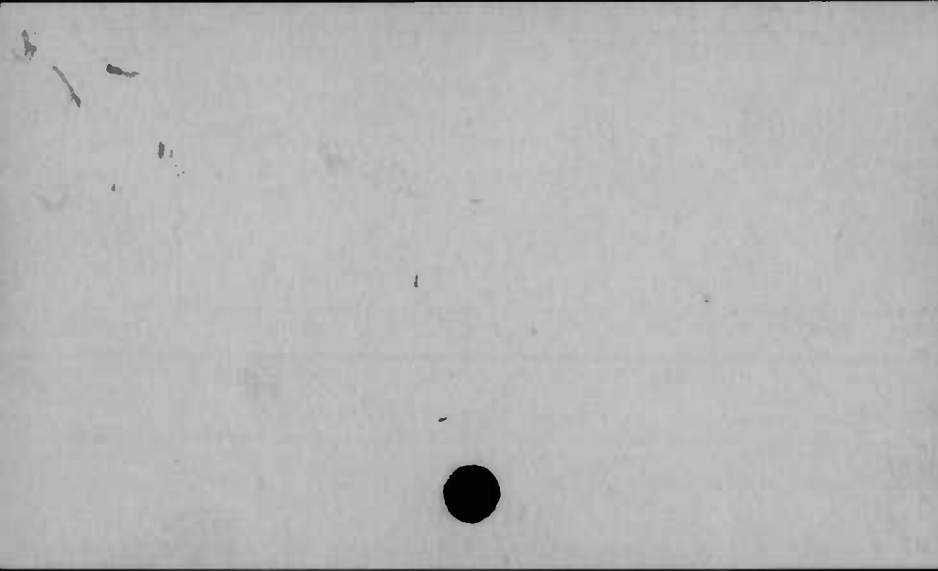
Name in Full

Certificate of Death

Name in Full <i>Mary Ann Sophia Miles</i>											
Died at <i>Mountaineer</i>			Town <i>Mountaineer</i>			County <i>Frederick</i>			MARYLAND		
Date 189 <i>3</i>		Month <i>Aug</i>		Day <i>16</i>		Y. <i>17</i>		M. <i>6</i>		D. <i>20</i>	
Native of <i>Ind</i>			Occupation								
<del>Male</del>		White		Married		<del>Widow</del>		<del>Divorced</del>			
Female		<del>Colored</del>		Single		<del>Widower</del>		Number of children living			
Husband of											
Wife											
Father's Name <i>Lloyd L Miles</i>						Mother's Name <i>Victoria V Miles</i>					
Cause of Death { Primary <i>Lined away</i>											
Death { Immediate											
										How long sick <i>4 weeks</i>	
										Accident, Suicide, Homicide	
Reported by <i>E. H. Taylor</i>											
Address <i>Mountaineer Md.</i>											

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1906





Name  
in  
Full

Angelini Williams

## CERTIFICATE OF DEATH

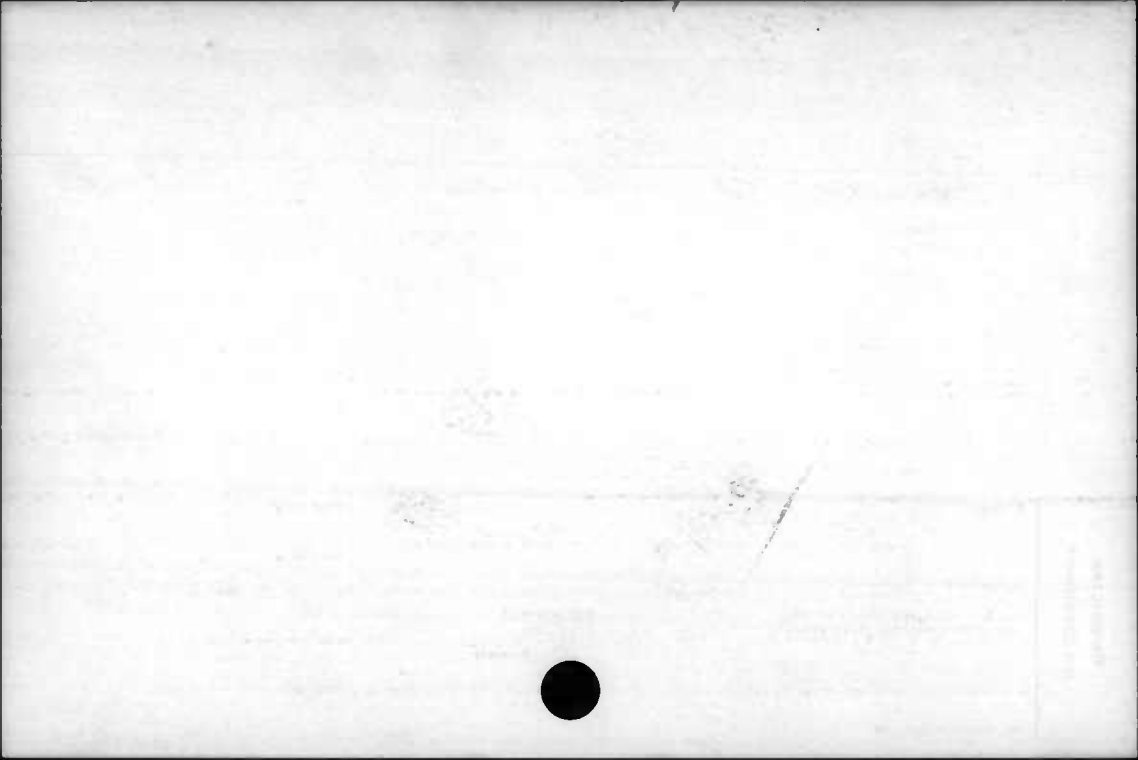
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>8</u>	Day <u>3</u>	Age <u>64</u> <sup>Years</sup>	Months <u>4</u>	Days <u>10</u>
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Ind</u>	
Married, <u>Single</u> or <u>Widowed</u>			Occupation <u>H. W.</u>		
Name of Wife or Husband <u>- J. Henry D. Williams</u>					
Father's Name <u>X</u> <u>X</u>			Father's Birthplace <u>X</u> <u>X</u>		
Mother's Maiden Name <u>X</u> <u>X</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>Henry D. Williams</u>			How related to deceased <u>husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>deceleration of the heart</u> <u>79</u>	How long <u>8 y 20</u>
Immediate <u>Exhaustion</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. A. Long</u>
<u>Frederick</u> <u>Md.</u>	Address <u>371 E. Patrick St. -</u>



Name in Full

Certificate of Death

Mrs Margaret Eliz. Williard

Died at <sup>Town</sup> Sablachville <sup>County</sup> Frederick

MARYLAND

Date 19	03	Month	8	Day	29	Age	73	Y.	M.	D.	16	Native of	Md.	Occupation	Housewife
<del>Male</del>		White		Married		<del>Widow</del>		<del>Divorced</del>							
Female		<del>Colored</del>		<del>Single</del>		<del>Widower</del>						Number of children living		6	

Husband of Joel Williard

Wife Name Mr Coover

Mother's

Maiden Name

Cause of Death	Primary	Bright Disease
	Immediate	Heart Failure

How long sick

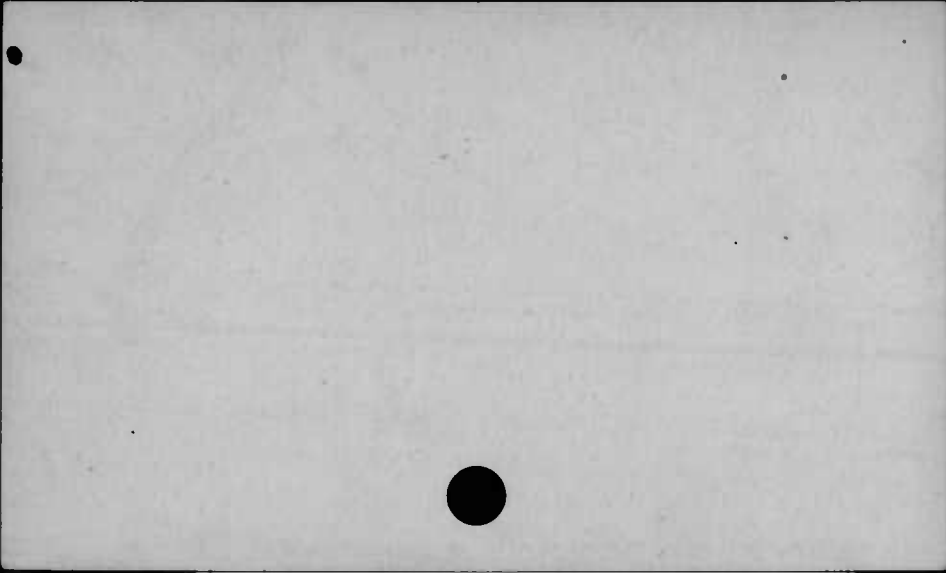
3 1/2 mos

~~Accident, Suicide, Homicide~~

Reported by Dr. W. L. Taylor

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret L. Hillion

Died at <sup>Town</sup> Sabillasville <sup>County</sup> Frederick MARYLAND

Date 1903 <sup>Month</sup> Aug. <sup>Day</sup> 28 Age 73 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Frederick <sup>Occupation</sup> Housewife.

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~

<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup> 1

Husband of Joel P. Hillion 1820

Wife of Joel P. Hillion 1820

Father's Name Jacob Covey Mother's Name Margaret Stummell

Cause of Death { Primary Bright Disease Associated with Heart Disease } How long sick Four months.

Death { Immediate } Accident, Suicide, Homicide

Reported by E. C. Kefauver and

Address Thurmont, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan R Wise

Town

County

Died near Middleton

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug 16

Age 53

5 28

Maryland

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

11

Husband of

Josephus Wise

Father's Name Henry Gross

Mother's

Name

Mahila Beachley

Cause of Primary Abscess of leg

How long sick

18 days

Death Immediate Septicemia + Heart failure

~~Death by Homicide~~

Reported by E L Buckley M.D.

Address

Middleton Ind 20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

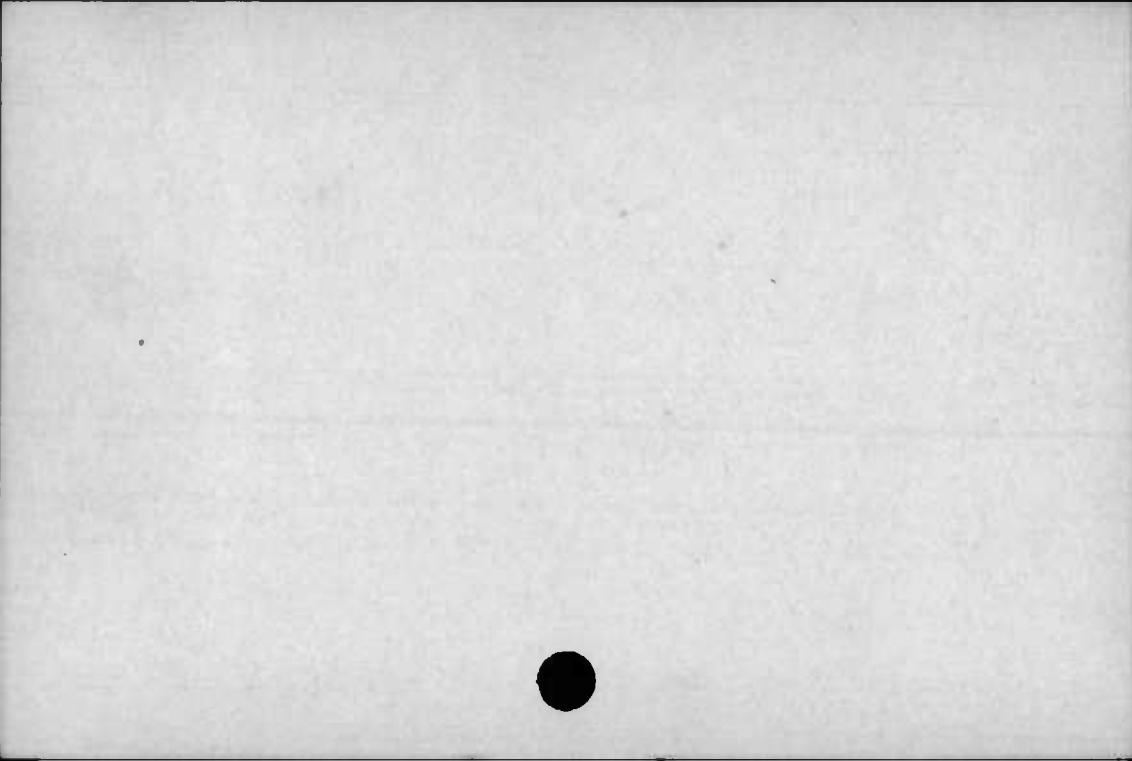
LIBRARY BUREAU, REGER

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Name in Full		<i>Elaine Young</i> Town <i>Frederick</i> County <i>Frederick</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at				<b>MARYLAND</b> Date of death <b>1903</b>		
	Month <i>Aug</i>		Day <i>4</i>		Age		Years Months Days
	Sex		Color or Race		Birth-place		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name or Wife or Husband				
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate <i>Burned to death</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>W. S. Eckstein J.P.</i>		
					Address <i>Coroner, Frederick, Md.</i>		
	Accident or Suicide?				<i>Frederick, Md.</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

7c/2p

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month <i>Aug.</i>	Day <i>11</i>	Age Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Frederick</i>		Days <i>9</i>
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Jeph. Jr.</i>			Father's Birthplace <i>Frederick</i>		
Mother's Maiden Name <i>Miss Odell</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Transition</i>	How long <i>—</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Hoke M.D.</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Med</i>



Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i> Town		<i>Orderick</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>Aug</i>	Day <i>6</i>	Age <i>about</i> <i>30</i> Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>—</i>			
Married, Single or Widowed <i>—</i>		Occupation			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>—</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Killed by cars</i>	<i>166</i> How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. G. Horine</i>
	Address <i>Brunswick</i>
Accident or <del>Suicide</del> <i>Accident</i>	<i>Health Officer</i>

